

State Review Framework

Montana Round 2 Report for Federal Fiscal Year 2009

FINAL 01/10/2013

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I. EXECUTIVE SUMMARY

Major Issues

The Round 2 SRF review of Montana identified the following major issues:

- NPDES enforcement responses were not taken in a timely manner and did not consistently follow the state's enforcement response guide.
- 2 of the 5 NPDES penalty actions did not include evidence the penalties were collected. The 2 penalty actions were either dismissed or suspended.

Summary of Programs Reviewed

CAA Program

There were no problems identified which necessitate state improvement and require recommendations and actions.

Areas meeting SRF program requirements or with minor issues for correction include:

- Data completeness
- Data accuracy
- Timeliness of Data Entry
- Completion of commitments
- Inspection coverage
- Quality of Inspection or Compliance Evaluation Report
- Identification of Alleged Violations
- Identification of SNC and HPV
- Enforcement actions promote return to compliance
- Timely and appropriate action
- Penalty calculation method
- Final penalty assessment

CWA/NPDES Program

The problems which necessitate state improvement and require recommendations and actions include the following:

- Quality of inspection or compliance evaluation reports
- Identification of SNC and HPV
- Timely and appropriate action
- Final penalty assessment and collection

Areas meeting SRF program requirements or with minor issues for correction include:

- Data Completeness
- Data Accuracy

- Timeliness of Data Entry
- Completion of commitments
- Inspection Coverage
- Identification of Alleged Violations
- Enforcement actions promote return to compliance
- Penalty calculation method

RCRA Program

There were no problems identified which necessitate state improvement and require recommendations and actions.

Areas meeting SRF program requirements include:

- Data completeness
- Data accuracy
- Timeliness of Data Entry
- Completion of commitments
- Inspection coverage exceeds national averages and national goals for all categories, despite State budget shortfalls.
- Quality of inspection or compliance evaluation reports
- Identification of Alleged Violations
- Identification of SNC and HPV
- Enforcement actions promote return to compliance
- Timely and appropriate action
- Penalty calculation method
- Final penalty assessment

II. BACKGROUND INFORMATION

ON STATE PROGRAM AND REVIEW PROCESS

The State Review Framework (SRF) is a program designed to ensure EPA conducts oversight of state and EPA direct implementation, compliance and enforcement programs in a nationally consistent and efficient manner. Reviews look at 12 program elements covering: data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations, enforcement actions (appropriateness and timeliness); and, penalties (calculation, assessment and collection). Reviews are conducted in three phases: analyzing information from the national data systems; reviewing a limited set of state files; and development of findings and recommendations. Considerable consultation is built into the process, to ensure EPA and the state understand the causes of issues, and to seek agreement on identifying the actions needed to address problems. The Reports generated by the reviews are designed to capture the

information and agreements developed during the review process in order to facilitate program improvements. The reports are designed to provide factual information and do not make determinations of program adequacy. EPA also uses the information in the reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response. Reports are not used to compare or rank state programs.

A. GENERAL PROGRAM OVERVIEW

- **Agency Structure:** The Montana Department of Environmental Quality (DEQ) is organized into functional divisions, including an Enforcement Division (ENFD), and a Permitting and Compliance Division (PCD). See Department Organizational Chart
- **Compliance/Enforcement Program Structure:** Enforcement work is centralized in the ENFD. Media specific permitting and compliance programs are in the PCD bureaus. RCRA responsibilities are implemented by the Waste and Underground Tank Management Bureau (WUTMB), CAA responsibilities are implemented by the PCD Air Resources Management Bureau (ARMB), and CWA responsibilities are implemented by the PCD Water Protection Bureau (WPB).
- **Roles and responsibilities:** Some PCD programs contract with county governments to implement portions of the media-specific programs, such as local air quality districts. DEQ attorneys are deputy attorney generals who prosecute DEQ enforcement actions.
- **Local Agencies included/excluded from review:** Local agencies are excluded from review.
- **Resources:**
 - See organizational charts for media-specific program staff resources.
 - Provide the amount of FTE available for air, water, and hazardous waste and, if available, number of, inspectors, attorneys, etc., to implement the state's compliance monitoring and enforcement program. If significant, include the use of contractors and other personnel who are employed to supplement the program.
 - Field offices are located in Billings, Missoula, Butte, Kalispell and Miles City.
 - **ENFD** has one FTE in Billings and the rest of the staff is located in Helena.

- **WUTMB** staff is located in Helena.
- **ARMB** has three FTEs in the Billings, one FTE in Missoula, four FTEs and one temporary FTE in Butte, and up to 2 interns in the Butte field office. The rest of the ARMB staff is located in Helena.
- **WPB** has one FTE in Billings and one in Miles City. The rest of WPB staff is located in Helena.
- If the state has regional offices responsibility for different geographic areas, please provide a breakout of the FTE distribution by regional office.
- Discuss resource constraints, if any, that presents major obstacles to implementation.
- New federal rules, unfunded mandates and insufficient funding constrain DEQ's implementation.
- **Staffing/Training:**
 - Indicate if the program is fully staffed or whether the program has been impacted by vacancies, or is expecting to be impacted in the near future.
 - **ENFD** - has two vacancies, one of which is being held open due to a projected budget shortfall.
 - **WUTMB** - The state hazardous waste program of the WUTMB consists of 9.17 FTEs. There are no current vacancies. However, succession planning toward knowledge transfer is underway in anticipation of impending retirements.
 - **ARMB** - The ARMB consists of 50.3FTE. The ARMB is not fully staffed at this level at all times, but prioritizes its work to account for available staff within the bureau. The ARMB has six vacant FTEs. Three of the vacant FTEs reside in the Air Compliance Section (ACS). The ACS handles the compliance and enforcement (formal enforcement is handled by the Enforcement Division) duties for the bureau.
 - **WPB** - WPB has 5.5 vacant FTEs. 3.5 are MPDES permit writers, 1 is in the data management group and 1.5 is in groundwater permit program. Vacancies are due to transfer of employees within DEQ, a retirement, and a resignation due to a chronic illness. WPB is evaluating budget shortfalls for upcoming fiscal year and then will determine which positions can be filled, if any.
 - Describe the state program for hiring and maintaining qualified staff.
 - DEQ follows a prescribed recruitment process. Upon hiring, successful candidates are provided training specific to position expectations.

- **Data reporting systems/architecture:** Discuss how the state program reports minimum data requirements (MDRs) to the EPA national data systems. If applicable, describe the state's own data system and how the architecture and data reporting requirements of the state system impact the ability to report the MDRs to EPA. **ENFD** enters enforcement data into the DEQ enterprise database and provides enforcement data to programs for entry into national databases.
- **WUTMB** enters compliance monitoring, evaluation and enforcement data directly into RCRAinfo, EPA's national hazardous waste database.
- **ARMB** enters its data into the DEQ enterprise database before uploading the data into AFS. The ARMB has developed a dot Net application for making the management of this data more efficient and seamless for the data users. In addition to the individual data users, a data steward and a system analyst are currently used by the Department to oversee DEQ's data and data transfers.
- **WPB** utilizes ICIS as direct user state.

B. MAJOR STATE PRIORITIES AND ACOMPLISHMENTS

Priorities:

ENFD's goal is to ensure that the public and the regulated community maintain compliance with Montana laws and regulations through effective enforcement. ENFD does not prioritize formal enforcement actions and initiates an action upon receipt of an approved Enforcement Request (ER). ERs are processed on a first come, first serve basis. In the Performance Partnership Agreement (PPA), ENFD has agreed to meet EPA media-specific guidelines for timely and appropriate enforcement.

- **WUTMB** - The Hazardous Waste Program's goal is to ensure that hazardous waste and used oil is correctly managed in the first instance. To this end, the program reviews the regulated universe on an annual basis. Based upon those reviews, the program develops a Compliance Monitoring Strategy (CMS) which includes specific compliance evaluation goals. The CMS covers large, small and conditionally exempt generators, permitted treatment, storage and disposal facilities, hazardous waste transporters, used oil handlers and universal waste handlers. The CMS is submitted to EPA as a deliverable in the PPA. The CMS is reviewed quarterly and is revised as necessary. Several things might cause revisions in the CMS, including: adoption of new rules; the identification of new industry sectors; enforcement case development which might require a great deal of staff resources; or oversight of clean up activities related to enforcement

actions. The Program also responds to requests for investigations about the mismanagement of hazardous waste (“tips” or “complaints”) that are referred to WUTMB by the ENFD or EPA.

- **ARMB** uses two different methods for establishing compliance priorities. The Federal Compliance Monitoring Strategy (CMS) is used to identify the relatively large sources that will be inspected and that will receive a full compliance evaluation in a given time period. This document is prepared and routed to EPA. The remaining sources (relatively small sources) are covered by a State CMS. This document is an internal DEQ document that prioritizes compliance goals, factoring in such things as facility size, facility type, and time since last evaluation, etc. Both the Federal CMS and the State CMS can be influenced by legislative factors, EPA national priorities, and public input.
- **WPB** implements Montana’s water quality laws through delegation authority under the federal Clean Water Act (CWA), National Pollutant Discharge Elimination System (NPDES) program in compliance with 40 CFR 123 and the State/EPA delegation agreement. The WPB evaluates permit applications, conducts permit maintenance and inspection activities, and provides compliance assistance to ensure beneficial uses of surface and ground waters throughout the state. WPB also commits to: utilize CWA guidance documents to facilitate inspection focus and enforcement response; complete compliance status review of discharge monitoring reports on a monthly basis; evaluate all violations and notify facilities of noncompliance; and refer appropriate and enforceable for formal enforcement in a timely manner.

Accomplishments:

- **ENFD-** Table below shows number of formal enforcement cases initiated during the reporting period (FFY 2009 = Oct 1, 2008 - Aug 31, 2009), ongoing cases and closed cases for CAA, RCRA and CWA. ENFD also manages a compliant clearinghouse and handles an average of 900-1,000 complaints and reports of spills each year.

Number of FFY09 DEQ formal enforcement actions

• Statute	• New	• Ongoing	• Closed
• CAA	• 6	• 9	• 15
• RCRA	• 0	• 8	• 3
• CWA	• 10	• 10	• 14

- **WUTMB** Hazardous Waste Program typically exceeds EPA's requirement to inspect each of the state's large generators every five years. The Hazardous Waste Program also inspects a high percentage of small and conditionally exempt generators to ensure compliance. During routine inspection trips, the compliance inspectors aggressively look for uninspected industry sectors or individuals which may cause pollution or be out of compliance (non-notifiers). Periodically, the program evaluates evolving rules and its regulatory universe. Based upon those evaluations, the program may develop industry sector-specific initiatives.
- **ARMB** - All of the work completed by the ARMB in regards to State CMS sources exceeds national policy/guidance minimum requirements. The ARMB spends time and effort to ensure that even the relatively minor sources are inspected, are evaluated, and that they receive compliance feedback/assistance from the ARMB. Furthermore, for all of its sources, the ARMB strives to offer compliance assistance to sources that are new or that make significant changes to their permits. The ARMB has established internal guidance regarding how/when to offer permit handoff assistance.
- **WPB** continues to meet or exceed the inspection frequency requirements for the core MPDES program as outlined in the October 2007 guidance document. An increased focus has been added for all traditional minor facilities, and formal enforcement has been initiated to facilitate a return to compliance. The Compliance Section continues to monitor and evaluate data on the Quarterly Non-Compliance Report and addresses long-standing data migration and erroneous data. Beginning 2010 no facilities are on the Watch List. Compliance staff participates in outreach and education programs to improve understanding of the permit monitoring and reporting requirements. There has been an approximate 30% increase in compliance related to accurate completion and submission of DMRs.
- **Best Practices: WUTMB** - Montana rules are more stringent and broader in scope than the federal program and require all of its small and large generators to file hazardous waste reports on an annual basis. Those reports are reviewed in depth by regulatory staff. That process provides the program with greater knowledge of the activities of those generators than the EPA reporting requirements. By maintaining personal contact with many of its generators, the program has established open lines of communication which allows the regulated community to feel comfortable contacting the program for assistance or to express concerns. The program has developed a hazardous waste compendium on the

DEQ intranet. That compendium memorializes the program's regulatory determinations, ensures consistency, and aids in succession planning. Regulatory personnel regularly respond to requests for compliance assistance and make public presentations on the practical application of RCRA regulations to universities and trade groups. As routine matter, the hazardous waste program investigates complaints which are referred to them by the ENFD. The program also revised its compliance assistance CD to reflect the latest adopted rules and make the CD more user-friendly. The contents of the CD are also posted on the DEQ webpage as well.

- **ARMB** - Aside from the national guidance that is offered to regulatory agencies, the ARMB has established its own guidance manual to promote program consistency and to enhance compliance evaluations. Another enhancement in ARMB's work process that has significantly improved its ability to monitor/ensure compliance was the establishment of the ARMB Workflow System. The ARMB Workflow has greatly improved the ARMB's compliance efficiency and data quality. The ARMB Workflow has replaced old manual data processes with a dot Net application that empowers the end users (such as compliance officers) to oversee and manage their air quality data.
- **WPB** - Beginning in January 2010, the WPB implemented a new enforcement approach to identify and document compliance and noncompliance with a specific focus on the self-monitoring data provided by facilities. Monitoring information has been broken into three categories; effluent limit exceedances, incomplete or late DMRs, or failure to meet special permit compliance schedules. Facility self-monitoring data is reviewed statistically to assess overall compliance status. Any facilities with significant effluent violations are further evaluated to determine the most appropriate formal enforcement response and an ER is initiated. Since October 2009, 15 formal actions have been initiated against permit holders with significant effluent violations; deterrence for noncompliance has been achieved through penalties and administrative order compliance schedules requiring operation changes or treatment upgrades. In addition, compliance inspectors continue to monitor 13 enforcement actions initiated prior to FY10 to assist ENFD in returning these facilities to compliance.

C. PROCESS FOR SRF REVIEW

Describe key steps in the reviews of each media program, including:

- **Review Period:** This is a review of Fiscal Year 2009 data and activities.
- **Key Dates:** Kick-off meeting held January 21, 2010, data pull/PDA March 3, 2010, on-site review: CAA April 26 - 28, 2010; CWA April 13 - 14, 2010; RCRA April ___, 2010; Draft Report sent to state on December 30, 2010.
- **Communication with the State:** Communications with the State have occurred by letter (e.g kick-off letter), conference call (e.g. kick-off meetings, file review exit meetings, follow-up discussions with staff/managers), and e-mail (e.g PDA transmittal, file selection list transmittal, etc.) The final report will be mailed to the State Environmental Director. This will be followed by a meeting between EPA and the State.
- **List state and regional lead contacts for review.** The Montana contact for the SRF is John Arrigo. The Region 8 SRF Coordinator is Olive Hofstader. Region 8 program staff who performed on-site reviews, and data and file metric analyses are Betsy Burns, CAA; David Rise and Aaron Urdiales, CWA; and, Linda Jacobson, RCRA.

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of Montana’s compliance and enforcement programs, Region 8 identified a number of actions to be taken to address issues found during the review. The table below shows the actions that have not been completed at the time of the current SRF review. (Appendix A contains a comprehensive list of completed and outstanding actions for reference).

State	Status	Due Date	Media	Element	Finding
MT - Round 1	Working	9/30/2010	RCRA	Penalty Calculations	The region has a concern with the state’s multi-day gravity penalty calculation procedure. The state uses its discretion to terminate the extent of the multi-day violation at 10 days, regardless of the actual documented days of violation.
MT - Round 1	Working	9/30/2010	RCRA	Data Accurate	Final assessed penalties contained both an economic benefit and gravity component, but the gravity component for multi-day violations appears to have been arbitrarily truncated and is not consistent with applicable penalty policies.
MT - Round 1	Working	9/30/2010	RCRA	Data Accurate	Metric 11a shows that the state has only four sites in violation for greater than 3 years. EPA has verified that these entries derived from EPA inspections and will take appropriate follow-up action to close these outstanding violations.

IV. FINDINGS

Findings represent the Region’s conclusions regarding the issue identified. Findings are based on the Initial Findings identified during the data or file review, as well as from follow-up conversations or additional information collected to determine the severity and root causes of the issue. There are four types of findings, which are described below:

Finding	Description
Good Practices	This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented exceptionally well and which the State is expected to maintain at a high level of performance. Additionally, the report may single out specific innovative and noteworthy activities, process, or policies that have the potential to be replicated by other States and that can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the State.
Meets SRF Program Requirements	This indicates that no issues were identified under this Element.
Areas for State* Attention *Or, EPA Region’s attention where program is directly implemented.	This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented with minor deficiencies that the State needs to pay attention to strengthen its performance, but are not significant enough to require the region to identify and track state actions to correct. This can describe a situation where a State is implementing either EPA or State policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the State should self-correct without additional EPA oversight. However, the State is expected to improve and maintain a high level of performance.

<p>Areas for State * Improvement – Recommendations Required</p> <p>*Or, EPA Region’s attention where program is directly implemented.</p>	<p>This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that require follow-up EPA oversight. This can describe a situation where a state is implementing either EPA or State policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the State is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems that will have well defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.</p>
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Element 1 Data Completeness. Degree to which the Minimum Data Requirements are complete.

CAA MT FY09

1-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>Minor deficiencies in some of the state’s data caused OTIS to inaccurately report the data. Otherwise, review of the state’s CEDARS database and AFS shows that the state entered all the required MDRs in CEDARS and AFS; however, not all of the data was being reflected in OTIS</p>
	Explanation.	<p>The state has been following EPA’s policies regarding MDRs and all of the state’s data has been uploaded to AFS. However, Region 8 worked with the state to identify minor deficiencies in some of the state’s data that caused OTIS to inaccurately report the data. For instance: the state had permanently shutdown facilities that continued to show up in the OTIS data pulls because each individual program was not shutdown; even though the state had uploaded all of their active sources to AFS, some of the sources were not showing up in the OTIS pull because a CMS schedule was not identified; the total assessed penalties for 2009 were reported to AFS, but some penalty amounts were listed in the comments section and therefore, were not included in OTIS; etc.</p> <p>Once the region helped the state identify the minor errors in their data reporting, the state was proactive in correcting those errors and the state’s changes are evident in the 2010 data. Listed below are some of the metrics that changed dramatically in 2010.</p> <ul style="list-style-type: none"> • 1B3 = 1,410 • 1C5 = 100 % • 1H1 = 100 % • 1H2 = 87.7 % • 1H1 = 87.7 % <p>(source OTIS 2010 data)</p>

Metric(s) and Quantitative Value	<ul style="list-style-type: none"> • 1A1 = 69 • 1A2 = 69 • 1B1 = 151 • 1B2 = 2 • 1B3 = 994 • 1C1 = 140 • 1C2 = 8 • 1C3 = 25 • 1C4 = 90.6 % • 1C5 = 50.0 • 1C6 = 100.0% • 1D1 = 77 • 1D2 = 83 • 1D3 = 1,383 • 1e = 11 • 1F1 = 80 • 1F2 = 72 • 1G1 = 7 • 1G2 = 6 • 1h1 = 57.1% • 1h2 = 14.3% • 1h3 = 0.0% • 1I1 = 12 • 1I2 = 12 • 1J1= \$19,400 • 1K1 = 1
State Response	None
Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 2 Data Accuracy. Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).

CAA MT FY09

2-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
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	Finding	At the time of the review, some minor deficiencies with data accuracy were identified in OTIS. Otherwise, review of CEDARS and AFS shows that the state is properly identifying violations and designating HPVs appropriately. Stack test results have also been entered appropriately. However, the state needs to make minor adjustments to their data to increase the level of accuracy in AFS and OTIS.
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	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>The region reviewed 15 files. Data found in all 15 files was reported accurately to CEDARS and AFS. Metric 2c indicates the state reported 100% of the minimum data requirements (MDRs). However, through the SRF review, the region found that the state was not entering a facility’s compliance status properly. This led to OTIS identifying more facilities as HPVs than there were non-compliant sources, which resulted in a result of 300% for metric 2a.</p> <p>The state reported violations but did not perform the additional step of manually changing the compliance status in AFS. The database requires a flag in addition to the reporting codes, and the State missed this requirement. As a result, facilities with reported violations and identified as HPVs were not showing up in OTIS as non-compliant facilities.</p> <p>Once the region and the state identified the reporting error, the state began entering the compliance status and the error was resolved. Since this is a minor issue that the state has already self corrected without additional EPA oversight, this element is designated as an area for state attention.</p>
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	Metric(s) and Quantitative Value	2a = 300% 2b = 0.4% 2c = 100%
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	State Response	State will begin to add noncompliance status data into AFS starting in October 2010.
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 3 Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.

CAA MT FY09

3-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Based on the region’s review of the state’s files, the region believes the state is reporting data timely, with the exception of the HPV reporting process.
	Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommended action.)	<p>The state entered the majority of FY 2009 data requirements in a timely manner as indicated by the results represented in Metric 3b1 in the Metrics and Quantitative Values section. The percentage of timely entered compliance monitoring minimum data requirements entered for the air program for Metric 3b1 is 52.8%, which is very close to the 53.3% national average for timely data entry of compliance monitoring MDRs. Timely data entry is defined by entry within 60 days.</p> <p>The one notable exception to timely entered minimum data requirements is the entry of high priority violations (HPVs). Only 1 of 7 HPVs was reported within 60 days of Day Zero. The state’s performance in FY2009 for timely entry of enforcement, compliance monitoring, and HPV related MDRs fell short of the national goal of 100% largely due to time lags in data entry after field staff transfer data to data stewards. However, the state self corrected these deficiencies in December 2010 to the extent that the routine oversight database review and meetings already conducted by EPA from October 2010 through December 2010 should be sufficient for the state to maintain a high level of performance going forward. Therefore, this is designated as an Area for State Attention.</p> <p>The state believed this transfer of data from compliance officers to data stewards adversely affects timely reporting, so they implemented a new system in August 2010. The State identified an opportunity to improve compliance data reporting and applied for an EPA grant in March 2009, prior to the SRF review. The grant was awarded to the State in June 2009, and provided funds to implement IT improvements in the Air Resource Bureau. The State implemented a new dot net application to allow inspectors to enter data directly into the CEDARS database in August 2010. This has eliminated unnecessary hand-offs between compliance officers and the data steward. The new process for data entry improved data entry timeliness, as confirmed by Region 8 oversight. The state’s 2010 and 2011 data shows improvements in all the data metrics associated with this element. Data metric 3a, which measures HPV timeliness, improved to 22.2% in FY2010 and 58.3% in FY2011. Data metric 3b1, which measures enforcement MDRs, improved to 76.9% in FY2010 and 81.1% in FY2011.</p> <p>These improvements suggest that the self corrections the state put in place are working. Therefore, EPA will continue to monitor progress through routine oversight, but no specific recommendations will be tracked for this element.</p>
	Metric(s) and Quantitative Value	3A = 14.3% 3B1 = 52.8% 3B2 = 37.5%.
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 4 Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e. PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.

CAA MT FY09

4-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Montana has an approved CMS plan from EPA and is diligently implementing it.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	No areas of improvement or minor deficiencies were identified.
	Metric(s) and Quantitative Value	4a: 100% 4b: 100%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	None

Element 5 Inspection Coverage. Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).

CAA MT FY09

5-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Data metrics review shows that the state is completing adequate coverage as agreed to with EPA in the PPA and CMS policy
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	The State was above the national average in all categories.
	Metric(s) and Quantitative Value	5a1 – 100% 5a2 – 100% 5b1 – 98.0% 5b2- 98.1% 5c – 99.4% 5d – 65.4%, numerous facilities showing up in the universe have revoked permits and have been shutdown, so the percentage is artificially low (state is looking into the data). 5g – 100%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	None

Element 6 Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

CAA MT FY09

6-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state performs an exemplary job on the quality of inspection reports.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	A file review was conducted from files sent from the State to EPA and a visit to the State offices on April 21, 2010. Fifteen (15) inspection reports were reviewed. All inspection reports were completed within 60 days of the last day of inspection. All reports properly documented observations, provided accurate description of observations and identified regulatory requirements evaluated during the inspection.
	Metric(s) and Quantitative Value	100% inspection reports met criteria.
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 7 Identification of Alleged Violations. Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g. facility-reported information).	
CAA MT FY09	
7-1	<p>Is this finding a(n) (select one):</p> <p><input type="checkbox"/> Good Practice</p> <p><input type="checkbox"/> Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p><input type="checkbox"/> Area for State Improvement – Recommendations Required</p>
Finding	<p>Review of CEDARS, AFS, and the state’s files (i.e. CMRs, stack test data, enforcement actions, etc.) show that the state is accurately identifying violations and promptly reporting the violations to the database. In order to increase the level of accuracy in AFS, the state needs to mark the facility out of compliance in AFS in addition to reporting violations.</p>
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>The State made accurate compliance determinations in 15 out of 15 files reviewed, as indicated by file review metric 7a.. However, of the violations identified, the violations were reported to AFS but the compliance status was not accurately reported in AFS. This reporting issue is explained in more detail in Element 2.</p> <p>In 2009, the state issued 73 NOVs. Of the 73, approximately 66 were informal and 7 were HPVs. All the information surrounding these NOVs was promptly reported in CEDARS and AFS. Further, all the actions were properly linked (i.e. discovery date, day zero, L1, addressing action, and resolving action).</p> <p>The State believed that by entering codes to show a violation or return to compliance, AFS would reflect that information in the compliance status of the facility for HPV facilities. The State now knows that they must manually adjust the compliance status of a facility in addition to entering the data surrounding the violation.</p> <p>Once the error was identified, the problem was corrected over the course of 2010. This was verified through routine oversight database review and meetings conducted by EPA from October 2010 through December 2010. Based on the information the state entered in AFS for 2009, the state values for metric 7C1 and 7C2 would have exceeded the national goal if the compliance status had been reported correctly (7C1 would have equaled 34.9% and 7C2 would have equaled 100%).</p> <p>Because the low metric values are a direct result of the state’s failure to report compliance status correctly, this is considered a data accuracy issue and is explained in greater detail in Element 2.</p>
Metric(s) and Quantitative Value	<p>7A = 100%</p> <p>7C1= 3.4%</p> <p>7C2 = 0.0%</p>
State Response	<p>none</p>
Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 8 Identification of SNC and HPV. Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

CAA MT FY09

8-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Review of CEDARS, AFS, and the state’s files (i.e. CMRs, stack test data, enforcement actions, etc.) show that the state is accurately identifying SNC and HPVs as agreed to with EPA in the PPA and CMS policy. However, some of the data is not showing up in OTIS due to some minor data entry errors.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>The state issued 73 NOVs in 2009. Of the 73, seven were HPVs. The region reviewed all the state’s NOVs and enforcement actions. Further, the region agreed with the state’s identification of SNC and HPVs. All the information surrounding these NOVs was present in CEDARS and AFS.</p> <p>Some of the data metrics associated with this element were impacted by the data entry errors identified in Element 1. For instance, the Highwood facility was never built and their permit has been revoked, but the facility is included in the data for this element. The data entry errors are minor, the state has already corrected the problem.</p>
	Metric(s) and Quantitative Value	8A = 4.3% 8B = 2.0% 8C = 75% 8D = 83.3% 8E = 0.0%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 9 Enforcement Actions Promote Return to Compliance. Degree to which state enforcement actions include required corrective action (i.e. injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.

CAA MT FY09

9-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All source files containing violations documented actions that returned the source to compliance
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	No areas of improvement or minor deficiencies were identified.
	Metric(s) and Quantitative Value	9A = 10 files reviewed 9B =100% of sources returned to compliance
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	None

Element 10 Timely and Appropriate Action. Degree to which a state takes timely and appropriate enforcement action in accordance with policy relating to specific media.

CAA MT FY09

10-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Some minor problems with timely enforcement were identified. With few exceptions, the review shows that the state is following EPA policy regarding taking timely and appropriate enforcement action. With a little extra attention in this area, the state will be able to increase their performance under this element significantly.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>During the SRF review, the region found that the state has made timely enforcement a priority. In some cases, the action loses time in review and the transfer from the air bureau to the Enforcement Division (the air bureau develops the case and the Enforcement Division handles the formal enforcement). In other cases, the action legitimately exceeds 270 days. Often, these actions were the result of lengthy enforcement processes (i.e. discussions with the facility, settlement negotiations, etc.) and are not completely avoidable.</p> <p>There region identified a number of actions that do not seem to belong in this element and skew the state’s percentages. For example:</p> <ol style="list-style-type: none"> 1. Montana Refining Company (MRC) has been referred to EPA Region 8 for violations of Federal Consent Decree. EPA is pursuing enforcement action and providing technical assistance to MRC. 2. It seems OTIS has pulled a number of the actions that do not belong with the 2009 data and are not reflective of the work conducted by the state in 2009. The actions were initiated (L1) and resolved (V2) prior to FY2009. The region believes they were pulled into the 2009 data because at some point during 2009, the state corrected and/or added information to the enforcement actions. The following facilities all had “achieved dates” for their resolving action (V2) prior to 2009: Smurfit-Stone Container; Glendive; Montana Fiberglass Inc; Knife River; Northern Border Pipeline Co – Station 3; and Bakken Gathering Plant. <p>Ultimately, the state’s performance in this element is above the national average. In addition, the removal of the cases mentioned above would improve the state’s percentage for metric 10A. With that said, the state needs to continue to focus on taking timely and appropriate enforcement actions in order to resolve enforcement cases within the allotted 270 days.</p>
	Metric(s) and Quantitative Value	10A = 55.6% 10B = 100% 10C = 100%
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	None

Element 11 Penalty Calculation Method. Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using BEN model or other method that produces results consistent with national policy.

CAA MT FY09

11-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Of the 2 formal enforcement actions reviewed, the state considered appropriate gravity and economic benefit in both actions.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	
	Metric(s) and Quantitative Value	11A = 100% of reviewed penalty calculations considered appropriate gravity and economic benefit..
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	None

Element 12 Final Penalty Assessment and Collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

CAA MT FY09

12-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Review of the state’s data shows that the state completed all documentation and provided justification for all penalty amounts. The state performed well under this element.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>The file review for the State showed excellent work in the documentation process and it was easy for EPA to follow all the work and rationale behind the state’s settlement. In addition, the state sends all penalty calculation information to EPA.</p> <p>The state issued 8 HPVs and collect penalties on all 8, so the metric value for 12B should be 100 %. The database accuracy issue is addressed in Element 2, data accuracy.</p>
	Metric(s) and Quantitative Value	12A = 12 12B = 0.0%
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	None

Element 1 Data Completeness. Degree to which the Minimum Data Requirements are complete.

CWA MT FY09

1-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Minimum data requirements were generally complete.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	<p>The OTIS frozen data set for FY2009 was slightly off due to status changes of facilities from minors to majors and permits terminated during the year. EPA and Montana have already held discussions in regards to this issue and will continue to work together to ensure that the metrics reflect the appropriate universe.</p> <p>The state provided EPA with excel files containing the correct information which were used for the SRF review. See below for corrected numbers.</p>
	Metric(s) and Quantitative Value	<p>1a – Active facility universe counts were generally accurate, with the exception of permit status changes of facilities during FY 2009 or permits that were terminated during the associated timeframe.</p> <p>This metric provides: the number of active NPDES major facilities with individual permits: (1a1) Montana – 42, the number has been corrected, four facilities changed from Major to Minor or Minor to Major during FY09; the number of active NPDES major facilities with general permit (as a Region-only metric)(1a2) Montana - 0: the number of active NPDES non-major facilities with individual permits (1a3) Montana – 162, the number has been corrected , the corrected state count includes permits currently expired or terminated but which were active during FY 2009; and the number of active NPDES non-major facilities with general permits (1a4) Montana – 1,490, the number has been corrected, the permit type is inaccurate for 5 permits in ICIS, however MDEQ cannot change the permit type.</p> <p>1b – Majors Permit Limits and DMR Entry – Montana: (1b1) 100%, (1b2), 97.5%, (1b3) 97.4, (1b4) 0.0% for SNC manual override.</p> <p>1c –Non-majors permit limits and DMR entry - Montana: 90.7 – 100% (percentage was adjusted to remove EPA issued permits)</p> <p>1d – Quality of violation data at non-major NPDES facilities with individual permits (and that are expected to regularly submit DMRs) - Montana: 88.8%</p> <p>1e – Informal action counts were not accurate: (1e1) 21, the number has been corrected, due to the universe changing over the course of FY2009; (1e2) 51, the number has been corrected; (1e3) 342, the number has been corrected; (1e4) 742, the number has been corrected.</p> <p>1f – Formal action counts complete.</p> <p>1g – Assessed penalties complete.</p>
	State Response	The data is incorrect in OTIS and requires substantial staff time to research and provide corrected information to EPA. This inaccuracy of this element has an impact on all other data review/evaluation in the SRF process. The incorrect information is as a result of an erroneous query providing data to OTIS. EPA-HQ stated in August 2010 the query will not be corrected due to the expense that would be incurred with the contractor. This element meets SRF program requirements as correct information was provided to EPA-R8 and should be considered a Good Practice.
	Action(s) (Include any uncompleted actions from Round 1 that address this	

issue.)	
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Element 2 Data Accuracy. Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).

CWA MT FY09

2-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Data reported to the national database is accurate.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	Review of the required data to be reported into the national system determined that the data was accurate. Data metric 2a reports that 100% of formal enforcement actions taken against major facilities with enforcement violations were entered. Two files did not have date entered accurately however one of the inaccuracies was related to Single Event Violations, which are covered under metrics 7a1, 8b, and 8c. This gives an overall 95% rating of files reviewed that had the required data entered accurately.
	Metric(s) and Quantitative Value	2a – 100 % of formal enforcement actions, taken against major facilities, with enforcement violation type codes entered. 2b – 95% of files reviewed where required data is accurately reflected in the national data system. Description of Metric – Percent of files reviewed where data is accurately reflected in the national data system.
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 3 Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.

CWA MT FY09

3-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The minimum data requirements are timely.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	Comparison of data sets identified that the frozen and production data sets were relatively comparable.
	Metric(s) and Quantitative Value	3a - Comparison of required data quality elements in 1A-G, 2A, 5A & B and 7A identified 13 of the 15 elements had not appreciably changed between the frozen and production data sets.
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 4 Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e. PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.

CWA MT FY09

4-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	MDEQ did not consistently provide penalty calculations and economic benefit determinations to allow EPA to conduct real-time review of its penalties as agreed to in the FY2009 PPA.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	<p>MDEQ met or exceeded the following commitments: provided its inspection plan to EPA for review and comment; submitted a Phase II MS4 inspection plan; completed inspections agreed upon in the inspection plan; and continued to use ICIS as its database of record.</p> <p>Montana did not update its CAFO inventory in FY2009, so no updates were provided to EPA.</p> <p>Draft penalty calculations were not routinely provided to EPA for review and comment as agreed to in the PPA.</p>
	Metric(s) and Quantitative Value	<p>4a – MDEQ met or exceeded its commitments in the FY2009 PPA and inspection plan.</p> <p>4b - Planned commitments completed: 5 of 6 commitments were completed.</p>
	State Response	MT-DEQ met all inspection commitments. During FY2009, the program staff completed 18 industrial storm water inspections and 9 CAFO inspections.
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	Montana needs to ensure that all commitments are being met. The SRF review of penalty actions taken in FY2009 identified a continued issue with the calculation of economic benefit of noncompliance and collection of penalties. EPA and MDEQ will discuss pending enforcement actions during quarterly calls to ensure that draft penalty calculations are provided to EPA for review.

Element 5 Inspection Coverage. Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).	
CWA MT FY09	
5-1	<p>Is this finding a(n) (select one):</p> <p><input type="checkbox"/> Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p><input type="checkbox"/> Area for State Attention</p> <p><input type="checkbox"/> Area for State Improvement – Recommendations Required</p>
Finding	Montana met or exceeded all inspection commitments in FY09.
Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	<p>Montana met its major facility inspection commitment of 50%.</p> <p>Montana exceeded its minor facility inspection commitment by 18 inspections.</p> <p>Montana exceeded its phase I & II construction stormwater inspection commitment by 20 inspections.</p> <p>Montana met its stormwater industrial commitment of 18.</p> <p>Montana exceeded its CAFO inspection commitment by 4 inspections.</p> <p>Montana enters its state ground water discharge permits in to ICIS, EPA did not count that type of permit toward PPA inspection commitments.</p>
Metric(s) and Quantitative Value	<p>5a Inspection coverage – NPDES majors – Montana - 55%, The corrected state count is 22. The difference appears to be the four permits which changed Major to Minor or Minor to Major permit-type code during the evaluation period. Also, OTIS does not account for repeated comprehensive inspections at the same facility.</p> <p>5b1 – Inspections at NPDES non-majors with individual permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, CSOs, or SSOs. – Montana – 17.9%, the state has said that the numbers include all individual non-major permits. The SRF OTIS count does not include the same permits referenced in metric 5a, which changed permit-type during the evaluation period. Also, MTX permits (state ground water discharge) should not be listed as part of this data set as they are not minor individual permits, they are general permits.</p> <p>5b2 – Inspections at NPDES non-majors with general permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, CSOs, or SSOs – Montana – 2.2%, the number of inspection should be 4 instead of 3. The reason is that the count includes a permit (MTG770006) which was listed as expired in ICIS when it should have been listed as administratively extended in ICIS.</p> <p>5c - Other inspections performed (beyond facilities indicated in 5a and 5b.) Montana – 9.23%, the number has been corrected, the state correction is 136-Inspections conducted of 1472.</p>
State Response	See response to element 4-The State has met or exceeded all inspection commitments for FY09. Type contained in body of statement (sic). Also, MTX permits (state ground water discharge) should not be listed as part of this data set as they are <u>State-issued</u> minor individual permits. Permits with prefix <u>MTX</u> are state issued non NPDES permits. EPA will no longer create the EPA- restricted data field. This requires the state to delete and re-enter the entire permit and all associated DMRs. Average time 15 hrs per permit.
Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 6 Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

CWA MT FY09

6-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
Finding		14 of 21 inspection reports reviewed were considered complete. 19 of 21 inspection reports reviewed provided sufficient documentation to determine compliance.
Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)		The majority of inspections reports that were determined to be incomplete were for not containing the appropriate information on permit requirements relevant to the inspection. Montana should update its inspection report procedures to ensure that the reports identify the permit requirements. Please see the SRF CWA File Review Metric Summary Form for specifics on the inspection report findings.
Metric(s) and Quantitative Value		6a – 21 inspection reports reviewed. Description of Metric – Number of inspection reports reviewed. 6b – 14 of 21 (67%) of inspection reports reviewed are complete. Description of Metric – Percent of inspection reports reviewed that are complete. 6c – 19 of 21 (90%) of inspection reports reviewed provide sufficient documentation to determine compliance at the facility. Description of Metric – Percent of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination. 6d – 19 of 21 (90%) of inspection reports were completed within the prescribed time frame. Description of Metric – Percent of inspection reports reviewed that are timely.
State Response		23 files are selected for review, of the 23 only 16 files had inspections conducted in FY09. It appears that inspection reports from a previous timeframe were evaluated for FY09. As a result the data reviewed is inconsistent with the matrix timeframe. Indicating that State improvement is required to ensure complete reports the specific elements would need to be listed, since the State program must be evaluated based on Montana specific permit requirements. For the Element 6 review to be useful EPA should provide specific criteria outline that documents the criteria required. The failure to identify specifics results in a subjective review that is dependent upon the knowledge of the reviewer.
Action(s) (Include any uncompleted actions from Round 1 that address this issue.)		Montana has increased the number of inspection reports completed in a timely manner to 90%, compared to 86% in Round 1. Round 2 has identified the completeness of inspection reports as a significant concern, primarily due to the reports not containing permit requirement information. A checklist could be used to ensure all inspection elements are addressed but a checklist must not take the place of an inspection report. Montana should update its inspection report procedures to ensure that the reports identify the permit requirements by no later than December 31, 2011.

Element 7 Identification of Alleged Violations. Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g. facility-reported information).		
CWA MT FY09		
7-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Compliance determinations are accurately made and promptly reported in the national database.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	Montana routinely identifies and enters single-event violations into the national database. Montana regularly notes a compliance determination on its inspection reports.
	Metric(s) and Quantitative Value	7a1 - Number of single-event violations at active majors. Montana - 10 7a2 - Number of single-event violations at non-majors. Montana - 80 7b - Compliance schedule violations. Montana - 4 7c - Permit schedule violations Montana - 35 7d - Percent of major facilities with DMR violations reported to the national database Montana – 16/37 or 43% 7e – Inspection reports reviewed that led to a compliance determination. Description of Metric – Percent of inspection reports or facility files reviewed that led to accurate compliance determinations. Montana - 100%
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 8 Identification of SNC and HPV. Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

CWA MT FY09

8-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All deficiencies noted during inspections are not appropriately identified as violations.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	Two of the six inspection reports reviewed that documented a violation did not accurately assess whether the violations were SNC or Non-SNC. In both situations the inspection report did not identify the deficiencies noted on site as a violation of the permit.
	Metric(s) and Quantitative Value	8a1 - Active major facilities in SNC during reporting year Montana – 7 8a2 - Percent of active major facilities in SNC during the reporting year – Montana – 18.9% 8b Verify that facilities with an SEV were accurately determined to be SNC or non-SNC. Montana – 67% Description of Metric – Percentage of single event violation(s) (SEVs) that are accurately identified as SNC or Non-SNC. 8c – Verify that SEVs that are SNC are timely reported. Montana – N/A, no SNC determinations for Major facilities in FY2009. Description of Metric – Percent of single event violation(s) identified as SNC that are reported timely.
	State Response	The database is not accurately reflecting the compliance status of the facility. The inability to resolve, either manually or automatically, specific types of violations will remain un-resolved resulting in an inaccurate compliance status for a facility (pH-min, %removal, C10, and C20). The State would require a cross-walk that defines SNC or non-SNC. There is a complex relationship that exists within ICIS to determine RNC resolution and detection codes for specific violations. In order to address this concern a schematic is required that identifies the data element fields in ICIS and the translation process to OTIS. SEV can only be entered into ICIS as Reportable Noncompliance. The State did have Major facilities in SNC as of January 1, 2009 however, those violation are identified as RNC in the database. Guidance for corrective action is requested from EPA.
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	In FY12 Region 8 will conduct oversight inspections and will review inspection reports at midyear to ensure that deficiencies are being identified as violations. If the problem continues, the recommended action will be revised and discussed with the state during the 1 st quarter of FY 2013 and regional monitoring will continue the following fiscal year. Montana needs to ensure that all deficiencies noted during inspections are appropriately identified as violations. Montana needs to have violations appropriately identified for SNC status. SEV can be entered in to ICIS as SNC if the violation classifies as SNC.

Element 9 Enforcement Actions Promote Return to Compliance. Degree to which state enforcement actions include required corrective action (i.e. injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.

CWA MT FY09

9-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	State enforcement actions include required corrective action.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	Of 23 enforcement responses reviewed, 100% and 95% (SNC and non-SNC, respectively) included required corrective action to return facilities to compliance in a specific time frame.
	Metric(s) and Quantitative Value	<p>9a – 23 Enforcement responses reviewed. Description of Metric – Number of formal/informal enforcement responses reviewed. This metric establishes the universe to be used in calculating the percentages in 9b and 9c. 9b – Responses that have returned or will return a source in SNC to compliance. Montana – 100% Description of Metric – Percent of enforcement responses that have returned or will return a source in SNC to compliance. 9c – Responses that have returned or will return sources with non-SNC violations to compliance. Montana – 95% Description of Metric – Percent of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.</p>
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 10 Timely and Appropriate Action. Degree to which a state takes timely and appropriate enforcement action in accordance with policy relating to specific media.

CWA MT FY09

10-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Enforcement actions are not always timely and appropriate.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	<p>The enforcement responses reviewed that addressed SNC violations were not taken in a timely manner and did not consistently follow the states enforcement response guide. 1 of 2 actions to address SNC violations was considered timely and appropriate (LOV for City of Red Lodge). The City of Deer Lodge was in SNC for DMR nonreceipt for five quarters prior to enforcement and the final enforcement action did not include penalties.</p> <p>18 of 21 actions to address non-SNC violations were considered appropriate. Two actions for David Robertus Feedlot did not follow up on the violation of failure to install monitoring wells. The action for Lincoln County Port Kootenai Business Park did not include penalties.</p> <p>11 of 21 actions to address non-SNC violations were considered to be timely. Please see the SRF CWA File Review Metric Summary Form for specifics on the enforcement reviews.</p> <p>In summary, Round 2 determined from the enforcement actions reviewed that timeliness of enforcement actions and appropriateness of enforcement actions to address SNC are still a significant issue. However, round 2 did determine that the appropriateness of the enforcement responses for non-SNC violations was no longer a significant concern.</p>
	Metric(s) and Quantitative Value	<p>10a – major facilities without timely action as appropriate Montana – 13.5%</p> <p>10b - Enforcement responses reviewed that address SNC in a timely manner. Montana – 50%</p> <p>Description of Metric – Percent of reviewed enforcement responses to address SNC that are taken in a timely manner.</p> <p>10c – Enforcement actions reviewed that address SNC that are appropriate to the violations. Montana – 50%</p> <p>Description of Metric – Percent of enforcement responses reviewed that address SNC that are appropriate to the violations.</p> <p>10d – Enforcement responses reviewed that appropriately address non-SNC violations. Montana – 86%</p> <p>Description of Metric – Percent of enforcement responses reviewed that appropriately address non-SNC violations.</p> <p>10e – Enforcement responses that address non-SNC violations in a timely manner. Montana – 52%</p> <p>Description of Metric – Percent of enforcement responses for non-SNC violations where a response was taken in a timely manner.</p>
	State Response	Without EPA’s identification of the specific case file(s) this issue refers to, it is not possible for MDEQ to respond accurately. If MDEQ issued a letter offering settlement under a consent order, the negotiation process and final execution of a consent order would likely exceed EPA’s guidance for timely enforcement.
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	<p>Region 8 will follow-up with the state at the end of FY 2012 and review a sample of enforcement actions to ensure that this action has been implemented; if the problem continues, the recommended action will be revised and discussed with the state during the 1st quarter of FY 2013 and regional monitoring will continue the following fiscal year.</p> <p>Montana needs to initiate enforcement within a reasonable time after a violation is discovered and ensure that the enforcement response guide is being appropriately implemented.</p>

Element 11 Penalty Calculation Method. Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using BEN model or other method that produces results consistent with national policy.

CWA MT FY09

11-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Four of the five penalty actions considered both gravity and economic benefit of noncompliance.
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	One of the five penalty actions (Sheridan) reviewed did not consider/calculate economic benefit. The economic benefit was considered but was not calculated in two other cases (City of Glasgow and Fidelity Exploration Production Company) because it was determined that the benefit gained was “de minimis” without any further explanation of why this finding was made.
	Metric(s) and Quantitative Value	11a – Penalty calculations reviewed that consider and include where appropriate gravity and economic benefit. Montana – 80%. Description of Metric –Percentage of penalty calculations that consider and include where appropriate gravity and economic benefit.
	State Response	None
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	Economic benefit of noncompliance must be considered in all penalty actions and any determination that the benefit gained is de minimis must be documented in the penalty calculations. EPA and MDEQ will discuss pending enforcement actions during quarterly calls to ensure that draft penalty calculations are provided to EPA for review.

Element 12 Final Penalty Assessment and Collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

CWA MT FY09		
12-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>Montana does not consistently collect final penalties appropriate for a deterrent effect on the regulated community. The non-collection appears to be the result of the Enforcement Division practice of suspending or dismissing penalties and issuing consent orders instead of compliance orders.</p>
	Explanation. (If Area for State Attention, describe why action not required, if Area for improvement, provide recommended action.)	<p>Two of the five penalty action files reviewed did not include evidence that the penalties were collected. The penalty actions to Jim Gilman and Fidelity Exploration were either dismissed or suspended.</p> <ul style="list-style-type: none"> In the Jim Gilman case, the Respondent appealed the Order to the Board of Environmental Review, then the Associate AG decided to dismiss the penalty order before the hearing due to litigation risks, even though they had previously approved the enforcement request as a valid case. EPA does not agree with this dismissal based on the violations in the file. In the Fidelity Exploration case, Montana suspended the entire penalty for compliance with the permit, even though the facility identified acute toxicity violations on 132 occasions and failed to submit an adequate TRE/TIE plan. EPA does not agree with this penalty suspension as permittees are required to comply with the permit and the penalty was for previous permit violations.
	Metric(s) and Quantitative Value	<p>12a – Document the rationale for differences between the initial proposed penalty amount and final assessed penalty that was collected. Montana – 100% Description of Metric – Percent of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.</p> <p>12b – Penalties collected. Montana – 60% Description of Metric – Percent of enforcement actions with penalties that document collection of penalty.</p>
	State Response	<p>Montana takes exception to the finding that Montana does not consistently collect penalties as a routine matter of practice. During the Gilman appeal process, evidence was presented that the violations did not occur as alleged therefore the penalty assessment was withdrawn. The penalty in the Fidelity case was assessed but suspended under a consent order pending completion of additional compliance actions, which were satisfactorily completed. Montana’s use of administrative consent orders provides efficiency in enforcement by avoiding litigation and by returning the facility to compliance. Consent orders also contain stipulated penalties for future violations, which provide a deterrent. Review comments that EPA does not agree with these actions do not translate into the conclusion that the state actions were inappropriate or that improvement is required.</p>
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	<p>EPA recommends that Montana consult EPA in regards to referring cases with litigation risks to EPA prior to dismissal. EPA also recommends that Montana ensure appropriate penalties are collected to provide for a deterrent effect on the regulated community. Region 8 will follow-up with the state at the end of FY 2012 and review a sample of penalty action files to ensure that this action has been implemented and that penalties were collected; if the problem continues, monitoring will continue the following fiscal year, with the results again being discussed with the state.</p>

Element 1 Data Completeness. Degree to which the Minimum Data Requirements are complete.

RCRA FY09

1-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state failed to enter a June 2009 TSD inspection until EPA inquired about it in February 2011.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	The state conducted 93 inspections. The Region reviewed 15 files. These included sites for which 3 informal actions had been taken and 3 formal actions had been taken with 2 penalties collected. All of the data elements required to be entered into RCRAInfo had been entered in a timely fashion.
	Metric(s) and Quantitative Value	Metrics 1a-1f 1a1: 4 operating TSDFs 1a2: 52 active LQGs 1a3: 86 active SQGs 1a4: 1397 other active sites 1a5: 41 LQGs per latest official biennial report 1b1: 93 state inspections 1b1: 4 EPA inspections 1b2: 87 sites inspected by state 1b2: 3 sites inspected by EPA 1c1: 16 sites with violations at any time (state) 1c1: 5 sites with violations at any time (EPA) 1c2: 12 sites with violations determined during FY (state) 1c2: 0 sites with violations determined during FY (EPA) 1d1: 16 sites with informal actions (state) during FY 1d1: 0 sites with informal actions (EPA) during FY 1d2: 50 informal actions (state) FY 1d2: 0 informal actions (EPA) FY 1e1: 0 new SNC (state) 1e1: 0 new SNC (EPA) 1e2: 3 sites in SNC (state) 1e2: 0 sites in SNC (EPA)

	<p>1f1: 4 formal actions (state) number of sites 1f1: 0 formal actions (EPA) number of sites 1f2: 4 formal actions taken (state) 1f2: 0 formal actions taken (EPA)</p>
State Response	The state reported that it conducted the TSD inspection in June 2009 but did not enter it until Feb. 2011.
Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	The Region will review RCRAInfo entries quarterly and discuss the accuracy of the reports with the state for more real-time oversight of completeness of data entry.

Element 2 Data Accuracy. Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).

RCRA FY09

2-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	There were no SNCs identified in this fiscal year. The state failed to enter an inspection for their fourth TSD until February 2011. More careful attention should be paid to data entry.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>Files were reviewed for 15 facilities, which included 3 informal enforcement actions, 3 formal enforcement actions, and 2 penalty files. All required data entries were accurate and properly maintained. The 3 formal enforcement actions were issued to resolve formal enforcement actions issued in previous years.</p> <p>For the single site in violation for more than 240 days, MDEQ needs to evaluate data and enter RTC, if appropriate.</p>
	Metric(s) and Quantitative Value	2a: accuracy of SNC determination data – There were no SNCs identified. 2b: # of sites in violation for more than 240 days – 1 2c—percentage of files reviewed where mandatory data are accurately reflected in the national data system: 100%
	State Response	The state indicated that the inspection was performed in June 2009 but had not been entered into the data base. This was not found in the Preliminary Data Analysis phase.
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	The Region should review RCRAInfo reports quarterly and discuss the results with the state to ensure ongoing completeness and accuracy.

Element 3 Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.

RCRA FY09

3-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	There were no SNCs identified for this review period. The state did not enter a June 2009 TSD inspection until February 2011.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>The state identified a data discrepancy in which a SNC from a prior fiscal year (FY07) was carried forward and incorrectly listed as a SNC entered 60 days after designation.</p> <p>There were 15 files reviewed by the Region for this review period. The state accurately determined violations and pursued the appropriate enforcement action. No violations were found during this review period which triggered the SNC designation.</p>
	Metric(s) and Quantitative Value	<p>3a: timely entry of SNC data – No SNCs identified.</p> <p>3b: frozen data set—frozen data set had data error carried forward.</p>
	State Response	The state reported that the inspection was conducted in June 2009 but not entered in the data base until February 2011. This was not reported in the Preliminary Data Analysis phase.
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	The Region will work with the state to review data entries on a quarterly basis.

Element 4 Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e. PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.

RCRA FY09

4-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The State meets all enforcement/compliance commitments.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>The state submits its inspection schedule, PPA language, and provides copies of documents as requested or required by its agreements with EPA.</p> <p>The state’s inspection year runs from July 1 to June 30, as opposed to the Federal inspection year which occurs from October 1 to September 30th. As agreed in the Performance Partnership Agreement, the state provides EPA its inspection schedule for the new inspection year in a timely fashion.</p>
	Metric(s) and Quantitative Value	4a: Planned inspections completed – 100% 4b: Planned commitments completed – 100%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 5 Inspection Coverage. Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).

RCRA FY09

5-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state continues to conduct inspections each year at almost double the required 20% of its LQG universe, and all TSDFs. However, the state does not achieve 100% coverage of LQGs on a 5-year basis.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	<p>The state does an excellent job on LQG inspections, almost doubling the required 20% annually. The state also met the TSDF requirement by inspecting all 4 TSDFs in the state. One TSD inspection was not reported to RCRAInfo in the allotted time, which is addressed in elements 1 and 2.</p> <p>Metric 5c indicates the state had a 5-year inspection coverage of LQGs of 80.5%, which exceeds the national average of 68.4%. However, targeting fails to achieve the goal of 100% LQG coverage on a 5-year basis.</p> <p>The universe for the inspection coverage metrics is based on the Biennial Reporting System (BRS). The state does not rely on BRS for inspection targeting due to episodic generators, one-time generators, and one-time LQGs submitting one-time BRS notifications which may not justify inspection targeting for these one-time events.</p>
	Metric(s) and Quantitative Value	5a: TSDFs – 75% (the state inspected 100% of TSDs, one inspection was reported to RCRAInfo late) 5b: LQGs—annual inspection coverage – 39% 5c: 5-year inspection coverage of LQGs – 80.5% 5d: 5-year inspection coverage of SQGs – 56.8% 5e1: inspections at CESQGs in last 5 years - 283
	State Response	<p>In any given year, Montana has several entities register as LQG’s because of one-time cleanups. Those cleanups are typically lab cleanouts or spill responses. Those entities are in and out of the system so quickly, it is impossible to inspect them, as LQG’s within a 5-year timeframe.</p> <p>Several Montana generators have chosen to maintain registration as LQG’s even though they are not LQG’s. They maintain that registration as contingency in case of a spill or upset.</p> <p>All Montana LQG’s submit annual hazardous waste generator reports to DEQ. Those reports are reviewed by compliance inspectors. Based upon those Non-Financial Record Review Inspections, the suitability of registered generators for inspection is refined on a (at least) yearly basis.</p>
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 6 Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

RCRA FY09

6-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state inspection reports properly document observations and include accurate descriptions of observations; however, 2 of the 13 reports were not timely.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	The state should make every effort to ensure that inspection reports are completed in a timely fashion.
	Metric(s) and Quantitative Value	6a: # of inspection reports reviewed - 13 6b: % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility – 100% 6c: Inspection reports completed within a determined time frame – 85%
	State Response	The two reports were for sites without violations. Both reports were non-controversial in nature. The inspector was forced to prioritize the writing of these reports with other, more pressing, issues and duties. Since the reports were non-controversial, the completion of the written reports was given a lower priority than several other activities. The state continues to make all reasonable efforts to meet the 45 day timeframe for the completion of inspection reports.
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	No follow-up action is required.

Element 7 Identification of Alleged Violations. Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g. facility-reported information).

RCRA FY09

7-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state accurately identifies violations in their inspection reports and enters these in the national database.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	
	Metric(s) and Quantitative Value	7a: % of accurate compliance determinations based on inspection reports – 100% 7b: % of violation determinations in the files reviewed that are reported timely to the national database (within 150 days) – 100% 7c: violations identification rate – 12.6%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 8 Identification of SNC and HPV. Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

RCRA FY09

8-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	There were no SNCs identified during this fiscal year.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	During this review period, there were no violating facilities or violations which would properly be identified as a significant non-complier with RCRA regulations.
	Metric(s) and Quantitative Value	8a: SNC identification rate – 0% 8b: timely SNC determinations (150 days of day 0) – 0% 8c: % of formal actions taken that received a prior SNC listing – 75% 8d: % of violations in files reviewed that were accurately determined to be SNC – 0/0
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 9 Enforcement Actions Promote Return to Compliance. Degree to which state enforcement actions include required corrective action (i.e. injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.

RCRA FY09

9-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state requires corrective measures in their formal and informal actions to return facilities to compliance and follows up through required submittals or onsite inspections.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	Three informal actions, three formal actions, and two penalties were reviewed. There were no new SNCs identified during this review period. 100% of the enforcement responses reviewed have returned or will return Secondary Violators to compliance. The penalties were collected and compliance measures were taken pursuant to the formal actions to return those facilities to compliance which had received a formal action.
	Metric(s) and Quantitative Value	9a: # of enforcement responses reviewed - 6 9b: enforcement responses that have returned or will return a source in SNC to compliance – 100% 9c: enforcement responses that have or will return Secondary Violators to compliance – 100%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 10 Timely and Appropriate Action. Degree to which a state takes timely and appropriate enforcement action in accordance with policy relating to specific media.

RCRA FY09

10-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state takes timely and appropriate enforcement action to address identified violations.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	All of the three informal actions reviewed were taken within the established and agreed time frames to appropriately address the identified violations. The formal actions were timely and appropriate for the violations identified.
	Metric(s) and Quantitative Value	10a: timely action to address SNC – 0/0 10b: No activity indicator—formal actions - 4 10c: enforcement responses reviewed that are taken in a timely manner – 100% 10d: enforcement actions reviewed that address SNC and SVs that are appropriate to the violations. – 100%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 11 Penalty Calculation Method. Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using BEN model or other method that produces results consistent with national policy.

RCRA FY09

11-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state includes both economic benefit and gravity components in their penalty calculations and documents adjustment of the initial penalty to the settled amount.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	Two penalty actions were reviewed by Region 8. For both of these penalty actions, the state included both economic benefit and gravity components in their penalty calculations and documented any adjustments to the penalty. Documentation of the penalty calculations, adjustments, settlement, and compliance measures taken were maintained in the state files.
	Metric(s) and Quantitative Value	11a: % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit – 100%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

Element 12 Final Penalty Assessment and Collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

RCRA FY09

12-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The state documents the adjustments made to reduce the initial penalty to the final penalty amount. The state maintains documentation in its files that the final penalty has been collected or SEP projects completed.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommended action.)	EPA reviewed two penalty actions. The state files contained documentation that the penalty had been collected or a SEP project completed. State files also contained documentation of any adjustment to the initial penalty amount.
	Metric(s) and Quantitative Value	12a: % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty – 100% 12b: % of files that document collection of penalty – 100%
	State Response	
	Action(s) (Include any uncompleted actions from Round 1 that address this issue.)	

V. Element 13 Submission

No element 13 submission by the State.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of Montana's compliance and enforcement programs, Region 8 identified a number of actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

State	Status	Due Date	Media	Element	Finding
MT - Round 1	Completed	9/29/2008	CWA	Insp Universe	One of the major inspections reviewed was a combination ground water and NPDES inspection conducted by a ground water inspector and did not address the portions of the permit relevant to the NPDES program.
MT - Round 1	Completed	9/29/2008	CWA	Violations ID'ed Timely	86% of inspection reports reviewed were completed in a timely manner.
MT - Round 1	Completed	4/30/2009	CWA	SNC Accuracy	One of the enforcement files reviewed included information regarding sanitary sewer overflows (SSO) which occurred during FY 2006. Five SSOs were reported by the major facility but none were entered into ICIS as Single Event Violations.
MT - Round 1	Completed	9/29/2008	CWA	Return to Compliance	Several enforcement actions did not include injunctive relief with enforceable timelines.
MT - Round 1	Completed	9/29/2008	CWA	Timely & Appropriate Actions	Half of the enforcement actions reviewed were not timely and appropriate.
MT - Round 1	Completed	9/29/2008	CWA	Penalty Calculations	Two of three actions reviewed included appropriate gravity calculations done according to the Montana penalty rules but did not contain any economic benefit calculations in the enforcement files.
MT - Round 1	Completed	9/29/2008	CWA	Grant Commitments	Not all violation letter copies had inspection report information included.
MT - Round 1	Completed	4/30/2009	CWA	Data Timely	EPA is unable to determine the results for this element from review of Montana's inspection/permit files. The timeliness of DMR data entry can not be determined since there are not any dates of data entry or initials of the individual who entered the data into ICIS on any DMRs reviewed by EPA.
MT - Round 1	Completed	4/30/2009	CWA	Data Accurate	The last available data metric information does not show Montana linking any enforcement actions to violations. A review of enforcement actions pulled from ICIS on February 14, 2007 and compared to MDEQ enforcement files revealed discrepancies.
MT - Round 1	Completed	9/29/2008	RCRA	Insp Universe	There is a discrepancy between the LQG and TSD universes in the OTIS drilldown report and that list of facilities produced by state staff from RCRAInfo. The MDEQ clarified that it oversees 4 operating TSDFs rather than the 2 noted in the OTIS report. The state feels that ten of the listed facilities are not LQGs.

MT - Round 1	Completed	9/29/2008	RC RA	SNC Accuracy	The state SNC identification and reporting rate are below the national average, with no SNCs being identified during the review period.
MT - Round 1	Working	9/30/2010	RC RA	Penalty Calculations	The region has a concern with the state's multi-day gravity penalty calculation procedure. The state uses its discretion to terminate the extent of the multi-day violation at 10 days, regardless of the actual documented days of violation.
MT - Round 1	Working	9/30/2010	RC RA	Data Accurate	Final assessed penalties contained both an economic benefit and gravity component, but the gravity component for multi-day violations appears to have been arbitrarily truncated and is not consistent with applicable penalty policies.
MT - Round 1	Working	9/30/2010	RC RA	Data Accurate	Metric 11a shows that the state has only four sites in violation for greater than 3 years. EPA has verified that these entries derived from EPA inspections and will take appropriate follow-up action to close these outstanding violations.

APPENDIX B: OFFICIAL DATA PULL

CAA Official Data

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Montana Metric	Montana Count	Universe	Not Counted
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			69	NA	NA	NA
A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			72	NA	NA	NA
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			69	NA	NA	NA
A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			72	NA	NA	NA
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			151	NA	NA	NA
A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			151	NA	NA	NA
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			2	NA	NA	NA
A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			2	NA	NA	NA
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			994	NA	NA	NA
A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			994	NA	NA	NA
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			140	NA	NA	NA
A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			142	NA	NA	NA
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			8	NA	NA	NA
A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			8	NA	NA	NA
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			25	NA	NA	NA
A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			27	NA	NA	NA
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	82.7%	90.6%	106	117	11

A01C 5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	38.6%	50.0%	1	2	1	
A01C 6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.4%	100.0%	14	14	0	
A01C 6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	90.3%	93.8%	15	16	1	
A01D 1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State				77	NA	NA	NA
A01D 2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State				83	NA	NA	NA
A01D 3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			1,383	NA	NA	NA	NA
A01E 0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State				11	NA	NA	NA
A01E 0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined				17	NA	NA	NA
A01F1 S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State				80	NA	NA	NA
A01F2 S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State				72	NA	NA	NA
A01G 1S	HPV: Number of New Pathways (1 FY)	Data Quality	State				7	NA	NA	NA
A01G 2S	HPV: Number of New Sources (1 FY)	Data Quality	State				6	NA	NA	NA
A01H 1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	49.3%	57.1%	4	7	3	
A01H 2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	74.1%	14.3%	1	7	6	
A01H 3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	78.1%	0.0%	0	7	7	
A01I1 S	Formal Action: Number Issued (1 FY)	Data Quality	State				12	NA	NA	NA
A01I2 S	Formal Action: Number of Sources (1 FY)	Data Quality	State				12	NA	NA	NA
A01J0 S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$19,400	NA	NA	NA	NA
A01K 0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State		0		1	NA	NA	NA
A02A 0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	58.8%	300.0%	3	1	NA	
A02A 0C	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	59.0%	150.0%	3	2	NA	

A02B 1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.6%	0.4%	1	253	252
A02B 2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State				0	NA	NA
A03A 0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.4%	14.3%	1	7	6
A03B 1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	53.3%	52.8%	245	464	219
A03B 2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.9%	37.5%	21	56	35
A05A 1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	86.9%	94.1%	64	68	4
A05A 1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	87.1%	95.8%	68	71	3
A05A 2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	82.9%	91.4%	64	70	6
A05A 2C	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	Combined	100%	83.2%	93.2%	68	73	5
A05B 1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	82.9%	81.2%	82	101	19
A05B 1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	83.3%	81.2%	82	101	19
A05B 2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	90.2%	91.6%	98	107	9
A05B 2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		90.5%	91.6%	98	107	9
A05C 0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		81.0%	96.8%	153	158	5
A05C 0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		81.3%	96.8%	153	158	5
A05D 0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.8%	65.4%	1,030	1,575	545

A05E 0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State				4	NA	NA	NA
A05E 0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined				4	NA	NA	NA
A05F0 S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State				2	NA	NA	NA
A05G 0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	93.7%	98.5%	64	65		1
A07C 1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.0%	3.4%	4	116		112
A07C 2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	46.6%	0.0%	0	1		1
A07C 2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	33.3%	0 / 0	0	0		0
A08A 0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.7%	4.3%	3	69		66
A08A 0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.8%	0.0%	0	69		69
A08B 0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.6%	2.0%	3	151		148
A08B 0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	151		151
A08C 0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	74.5%	75.0%	3	4		1
A08D 0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	45.7%	83.3%	10	12		2
A08E 0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	43.1%	0.0%	0	1		1
A10A 0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		34.9%	55.6%	10	18		8
A12A 0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State				12	NA	NA	NA
A12B 0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.1%	0.0%	0	3		3

CWA Official Data

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Montana Metric	Count	Universe	Not Counted
P01 A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			37	NA	NA	NA
P01 A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA
P01 A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			161	NA	NA	NA
P01 A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			1,493	NA	NA	NA
P01 B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	99.9%	100.0%	38	38	0
C01 B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.6%	97.5%	117	120	3
C01 B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	92.7%	97.4%	37	38	1
P01 B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			0.0%	0	7	7
P01 C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			100.0%	154	154	0
C01 C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			86.8%	408	470	62
C01 C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			90.1%	145	161	16
P01 D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			88.8%	143	161	18
C01 D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0
P01 D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			113	NA	NA	NA
P01 E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			26	NA	NA	NA
P01 E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01 E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			55	NA	NA	NA
P01 E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA

P01 E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State		338	NA	NA	NA
P01 E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA		0	NA	NA	NA
P01 E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State		715	NA	NA	NA
P01 E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA		0	NA	NA	NA
P01 F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State		2	NA	NA	NA
P01 F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA		1	NA	NA	NA
P01 F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State		2	NA	NA	NA
P01 F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA		1	NA	NA	NA
P01 F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State		9	NA	NA	NA
P01 F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA		0	NA	NA	NA
P01 F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State		9	NA	NA	NA
P01 F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA		0	NA	NA	NA
P01 G1S	Penalties: total number of penalties (1 FY)	Data Quality	State		4	NA	NA	NA
P01 G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA		0	NA	NA	NA
P01 G2S	Penalties: total penalties (1 FY)	Data Quality	State		\$98,959	NA	NA	NA
P01 G2E	Penalties: total penalties (1 FY)	Data Quality	EPA		\$0	NA	NA	NA
P01 G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State		\$0	NA	NA	NA
P01 G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA		\$0	NA	NA	NA
P01 G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State		\$189,682	NA	NA	NA
P01 G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA		\$0	NA	NA	NA
P01 G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State		\$98,959	NA	NA	NA
P01 G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA		\$0	NA	NA	NA
P02 A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%	100.0%	2	2	0

P02 A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	0	1	1
P05 A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	63.7%	45.9%	17	37	20
P05 A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.8%	8.1%	3	37	34
P05 A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	66.4%	51.4%	19	37	18
P05 B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			17.7%	28	158	130
P05 B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			3.8%	6	158	152
P05 B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			21.5%	34	158	124
P05 B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			2.2%	3	136	133
P05 B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	136	136
P05 B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			2.2%	3	136	133
P05 C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			6.9%	94	1,360	1,266
P05 C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.1%	2	1,360	1,358
P05 C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			7.1%	96	1,360	1,264
P07 A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined				10	NA	NA
P07 A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined				80	NA	NA
P07 B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		31.0%	28.6%	4	14	10
P07 C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		27.4%	13.4%	35	261	226
P07 D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		53.2%	43.2%	16	37	21
P08 A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined				7	NA	NA
P08 A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.6%	18.9%	7	37	30
P10 A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.6%	13.5%	5	37	32

RCRA Official Data

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Montana Metric	Count	Universe	Not Counted
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State				4	NA	NA

R01A 2S	Number of active LQGs in RCRAInfo	Data Quality	State		39	NA	NA	NA
R01A 3S	Number of active SQGs in RCRAInfo	Data Quality	State		76	NA	NA	NA
R01A 4S	Number of all other active sites in RCRAInfo	Data Quality	State	1,401		NA	NA	NA
R01A 5S	Number of LQGs per latest official biennial report	Data Quality	State		41	NA	NA	NA
R01B 1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State		93	NA	NA	NA
R01B 1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA		7	NA	NA	NA
R01B 2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State		87	NA	NA	NA
R01B 2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA		6	NA	NA	NA
R01C 1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State		16	NA	NA	NA
R01C 1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA		5	NA	NA	NA
R01C 2S	Number of sites with violations determined during the FY	Data Quality	State		12	NA	NA	NA
R01C 2E	Number of sites with violations determined during the FY	Data Quality	EPA		0	NA	NA	NA
R01D 1S	Informal actions: number of sites (1 FY)	Data Quality	State		16	NA	NA	NA
R01D 1E	Informal actions: number of sites (1 FY)	Data Quality	EPA		0	NA	NA	NA
R01D 2S	Informal actions: number of actions (1 FY)	Data Quality	State		50	NA	NA	NA
R01D 2E	Informal actions: number of actions (1 FY)	Data Quality	EPA		0	NA	NA	NA
R01E 1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State		0	NA	NA	NA
R01E 1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA		0	NA	NA	NA
R01E 2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State		3	NA	NA	NA
R01E 2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA		0	NA	NA	NA
R01F 1S	Formal action: number of sites (1 FY)	Data Quality	State		4	NA	NA	NA
R01F 1E	Formal action: number of sites (1 FY)	Data Quality	EPA		0	NA	NA	NA
R01F 2S	Formal action: number taken (1 FY)	Data Quality	State		4	NA	NA	NA
R01F 2E	Formal action: number taken (1 FY)	Data Quality	EPA		0	NA	NA	NA
R01 G0S	Total amount of final penalties (1 FY)	Data Quality	State	\$9,000		NA	NA	NA
R01 G0E	Total amount of final penalties (1 FY)	Data Quality	EPA	\$0		NA	NA	NA
R02A 1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State		0	NA	NA	NA
R02A 2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State		0	NA	NA	NA
R02B 0S	Number of sites in violation for greater than 240 days	Data Quality	State		1	NA	NA	NA
R02B 0E	Number of sites in violation for greater than 240 days	Data Quality	EPA		0	NA	NA	NA

R03A 0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			100.0%	1	1	0	
R03A 0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0	
R05A 0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	85.7%	75.0%	3	4	1	
R05A 0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	90.8%	75.0%	3	4	1	
R05B 0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.6%	39.0%	16	41	25	
R05B 0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	26.7%	39.0%	16	41	25	
R05C 0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	68.5%	80.5%	33	41	8	
R05C 0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	73.8%	80.5%	33	41	8	
R05D 0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			55.3%	42	76	34	
R05D 0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			56.6%	43	76	33	
R05E 1S	Inspections at active CESQGs (5 FYs)	Informational Only	State				283	NA	NA	NA
R05E 1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined				290	NA	NA	NA
R05E 2S	Inspections at active transporters (5 FYs)	Informational Only	State				24	NA	NA	NA
R05E 2C	Inspections at active transporters (5 FYs)	Informational Only	Combined				26	NA	NA	NA
R05E 3S	Inspections at non-notifiers (5 FYs)	Informational Only	State				11	NA	NA	NA
R05E 3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined				12	NA	NA	NA
R05E 4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State				32	NA	NA	NA
R05E 4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined				32	NA	NA	NA
R07C 0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			13.8%	12	87	75	
R07C 0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			0.0%	0	6	6	
R08A 0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.1%	0.0%	0	87	87	
R08A 0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	3.3%	0.0%	0	87	87	
R08B 0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	75.6%	0 / 0	0	0	0	
R08B 0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	64.2%	0 / 0	0	0	0	
R08C 0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	61.4%	75.0%	3	4	1	
R08C 0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	71.6%	0 / 0	0	0	0	
R10A 0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	39.0%	0 / 0	0	0	0	
R10A 0C	Percent of SNCs with formal action/referral taken within 360 days (1	Review Indicator	Combined	80%	35.6%	0 / 0	0	0	0	

FY)

R10B 0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State				4	NA	NA	NA
R12A 0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$9,000		NA	NA	NA
R12B 0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	64.6%	50.0%		2	4	2
R12B 0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combi ned	1/2 National Avg	64.9%	50.0%		2	4	2

APPENDIX C: PDA TRANSMITTAL LETTER

Appendices C, D and E provide the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review. This is a critical component of the SRF process because it allows the reviewers to be prepared and knowledgeable about potential problem areas before initiating the on-site portion of the review. In addition, it gives the region focus during the file reviews and/or basis for requesting supplemental files based on potential concerns raised by the data metrics results.

Region 8 reviewers transmitted the results of the Preliminary Data Analysis to the State via email. The email did not include any discussion of the analysis itself. Explanations concerning the PDA initial findings and identification of any areas that the data review suggests needed further examination and discussion were addressed through discussions with the State staff during phone calls.

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

This section provides the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review. This is a critical component of the SRF process because it allows the reviewers to be prepared and knowledgeable about potential problem areas before initiating the on-site portion of the review. In addition, it gives the region focus during the file reviews and/or basis for requesting supplemental files based on potential concerns raised by the data metrics results.

The PDA reviews each data metric and evaluates state performance against the national goal or average, if appropriate. The PDA Chart in this section of the SRF report only includes metrics where potential concerns are identified or potential areas of exemplary performance. The full PDA Worksheet (Appendix E) contains every metric: positive, neutral or negative. Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis of further investigation that takes place during the file review and through dialogue with the state. Final Findings are developed only after evaluating them against the file review results where appropriate, and dialogue with the state have occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section IV of this report.

Clean Air Act

OTIS State Review Framework Results, CAA Data for Montana (Review Period Ending: FY09)								
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Montana Metric Prod	Evaluation	Initial Findings
1. Data completeness. degree to which the minimum data requirements are complete.								
1b3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			994	Minor issue	MDEQ has included all of the Oil & Gas registration sources. It is unclear whether these are being uploaded into AFS. There are 1,346 sources in the MDEQ CEDARS database.
1b3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			994	Minor issue	MDEQ has included all of the Oil & Gas registration sources. It is unclear whether these are being uploaded into AFS. There are 1,346 sources in the MDEQ CEDARS database.

1c 5	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	38.60 %	50.0%	Minor issue	The data pull did not include the 4 refineries with Air Program 8 - the pull may be incomplete
1d 1	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			77	Minor issue	It is unclear what the pull criteria was. MDEQ reported 303 FCEs during FY2009 on major and minor sources
1d 2	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			83	Minor issue	It is unclear what the pull criteria was. MDEQ reported 303 FCEs during FY2009 on major and minor sources
1e	Historical Non-Compliance Counts (1 FY)	Data Quality	State			11	Minor issue	MDEQ may not be updating facility compliance /noncompliance status
1e	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			17	Minor issue	MDEQ may not be updating facility compliance /noncompliance status
1g 2	HPV: Number of New Sources (1 FY)	Data Quality	State			6	Minor issue	4 new HPVs in FY2009 - unclear why the Holcim HPV from 2001 shows up.
1h 1	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	49.30 %	57.10%	Minor issue	Discovery date is in the MDEQ CEDARS database - it is unclear why this was not uploaded to AFS
1h 2	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	74.10 %	14.30%	Minor issue	Violating pollutants were not in the MDEQ CEDARS database
1h 3	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	78.10 %	0.0%	Minor issue	Violation type codes were not in the MDEQ CEDARS database
1j	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$19,400	Minor issue	Penalty information is entered into MDEQ database and batch uploads are conducted at least monthly - unclear why penalty information is not showing up in AFS.
2. Data accuracy, degree to which the minimum data requirements are accurate.								
2a	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	58.80%	300.00%	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status

								correctly.
2a	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	59.00%	150.00%	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status correctly.
3. Timeliness of data entry. degree to which the minimum data requirements are complete.								
3a	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.40%	14.30%	Minor issue	Batch uploads occur at least monthly from MDEQ CEDARS database to AFS. The batch uploads could cause the discrepancy.
3b 1	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	53.30%	52.80%	Minor issue	Batch uploads occur at least monthly from MDEQ CEDARS database to AFS. The batch uploads could cause the discrepancy.
3b 2	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.90%	37.50%	Minor issue	Batch uploads occur at least monthly from MDEQ CEDARS database to AFS. The batch uploads could cause the discrepancy.
3c	Comparison of Frozen Data Set	Compare the production data results under Element 1 to the frozen data. Please see Plain Language Guide for details.						
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.								
5d	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.80%	65.40%	Minor issue	Numerous sources on list have revoked permits and FCE/PCEs conducted. Pull appears incomplete.
7. Identification of alleged violations. degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.								
7c 1	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.00%	3.4%	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status correctly.
7c 2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	46.60%	0.00%	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status correctly.

Clean Water Act

OTIS State Review Framework Results, CWA Data for Montana (Review Period Ending:

FY09)								
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Montana Metric Prod	Evaluation	Initial Findings
2a	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	Potential Concern	EPA has not properly linked its enforcement action to the violations.
5b1	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			17.70 %	Minor Issue	
5b1	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			21.50 %	Minor Issue	
10a	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.60%	13.50 %	Potential Concern	One of the five systems showing without timely action is an EPA-permitted facility, bringing the State percentage to 11%, which is still above the national goal of < 2%. Expectations on enforcement for major facilities in SNC are clearly defined and should be followed.

OTIS State Review Framework Results, RCRA Data for Montana (Review Period Ending: FY09)								
2b	Number of sites in violation for greater than 240 days	Data Quality	State			1	minor issue	MDEQ needs to evaluate data and enter RTC, if appropriate.
5a	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	85.70%	75.0%	minor issue	MDEQ needs to ensure annual inspection of TSDFs during Federal Fiscal year.
5a	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	90.80%	75.0%	minor issue	MDEQ needs to ensure annual inspection of TSDFs during Federal Fiscal year.
5c	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	68.40%	80.5%	minor issue	Although 100% LQG coverage is not attained, annual reports of both SQGs and LQGs are received and reviewed.
5c	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	73.80%	80.5%	minor issue	Although 100% LQG coverage is not attained, annual reports of both SQGs and LQGs are received and reviewed.

APPENDIX E: PDA WORKSHEET (with State and EPA Comments)

OTIS State Review Framework Results, CAA Data for Montana (Review Period Ending: FY09)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Montana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1. Data completeness. degree to which the minimum data requirements are complete.															
1a1	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			69	NA	NA	NA	Yes	66	MD EQ Database	3 Sources Revoked; 1 Tribal Source; 1 Source Omitted (Montola)	Appears acceptable	
1a1	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			72	NA	NA	NA	Yes	69	AFS	66 MDEQ Title V Sources; 3 EPA Title V Sources	Appears acceptable	
1a2	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			69	NA	NA	NA	Yes	66	MD EQ Database	3 Sources Revoked; 1 Tribal Source; 1 Source Omitted	Appears acceptable	
1a2	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			72	NA	NA	NA	Yes	69	AFS	66 MDEQ Title V Sources; 3 EPA Title V Sources	Appears acceptable	
1b1	Source Count: Synthetic Minors (Current)	Data Quality	State			151	NA	NA	NA	Yes	145	MD EQ Dat	9 Revoked; 1 B Source; 4 New	Appears acceptable	

												abase	Sources		
1b 1	Source Count: Synthetic Minors (Current)	Data Quality	Co mbi ned			151	N A	NA	NA	Yes	145	MD EQ Dat aba se	9 Revoked; 1 B Source; 4 New Sources	Appear s accept able	No Federal synthetic minors
1b 2	Source Count: NESHAP Minors (Current)	Data Quality	Stat e			2	N A	NA	NA	Yes	0	MD EQ Dat aba se	2 Tribal Sources - State has no NESHAP minor Sources	Appear s accept able	2 Tribal Sources need Tribal Flag and CMSC
1b 2	Source Count: NESHAP Minors (Current)	Data Quality	Co mbi ned			2	N A	NA	NA	Yes	0	MD EQ Dat aba se	2 Tribal Sources - State has no NESHAP minor Sources	Appear s accept able	2 Tribal Sources need Tribal Flag and CMSC
1b 3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informati onal Only	Stat e			994	N A	NA	NA	Yes	1,346	MD EQ Dat aba se	MDEQ Database compared to Matrix/Otis	Minor issue	MDEQ has included all of the Oil & Gas registration sources. It is unclear whether these are being uploaded into AFS. There are 1,346 sources in the MDEQ CEDARS database.
1b 3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informati onal Only	Co mbi ned			994	N A	NA	NA	Yes	1,346	MD EQ Dat aba se	MDEQ Database compared to Matrix/Otis	Minor issue	MDEQ has included all of the Oil & Gas registration sources. It is unclear whether these are being

																		uploaded into AFS. There are 1,346 sources in the MDEQ CEDARS database.
1c 1	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			140	NA	NA	NA	Yes	135	MD EQ Database	5 Revoked; 1 Tribal; 2 New; 1 State Source listed as Tribal (Montola)	Appears acceptable				
1c 1	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			142	NA	NA	NA	Yes	137	MD EQ Database and AFS	135 state sources; 2 Tribal Sources	Appears acceptable				
1c 2	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			8	NA	NA	NA	Yes	4	MD EQ Database	2 Tribal Sources should not be in air program 8 (Wardrobe Cleaners & Blackfeet Tribal HQ); 2 Sources should not be air program 8 (Holcim, ExxonMobil Bulk)	Appears acceptable				
1c 2	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			8	NA	NA	NA	Yes	4	AFS	2 Tribal Sources should not be in air program 8	Appears acceptable				

													(Wardrobe Cleaners & Blackfeet Tribal HQ); 2 Sources should not be air program 8 (Holcim, ExxonMobil Bulk)		
1c 3	CAA Subprogram Designations: MACT (Current)	Data Quality	State			25	NA	NA	NA	Yes	25	MD EQ Database	1 Revoked; 1 state source listed as Tribal (Montola)	Appears acceptable	
1c 3	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			27	NA	NA	NA	Yes	25	MD EQ Database and AF S	1 Revoked; 1 state source listed as Tribal (Montola); WBIP-Hardin should not be listed as subject to ZZZZ	Appears acceptable	
1c 4	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	82.70%	90.6%	106	117	11	Yes	115	MD EQ Database	1- NSPS doesn't Apply; 1- Revoked; 9 - Missing applicable subparts, but FCE was completed	Appears acceptable	
1c 5	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted	Data Quality	State	100%	38.60%	50.0%	1	2	1	Yes	1	MD EQ Database	1 - Air Program 8 doesn't apply to Flathead	Minor issue	The data pull did not include the 4 refineries with Air

	after 10/1/2005												County Solid Waste District and facility is closed		Program 8 - the pull may be incomplete
1c6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.40%	100.0%	14	14	0	Yes	14	MD EQ Database	1 - Revoked (ASARCO)	Appears acceptable	
1c6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	90.30%	93.8%	15	16	1	Yes	15	MD EQ Database and AFS	1 - Revoked (ASARCO); WBIP-Hardin should not be listed as subject to ZZZZ	Appears acceptable	
1d1	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			77	NA	NA	NA	Yes	303	MD EQ Database	FS = 292; FF = 11; includes minor sources	Minor issue	It is unclear what the pull criteria was. MDEQ reported 303 FCEs during FY2009 on major and minor sources
1d2	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			83	NA	NA	NA	Yes	303	MD EQ Database	FS = 292; FF = 11; includes minor sources	Minor issue	It is unclear what the pull criteria was. MDEQ reported 303 FCEs during FY2009 on major and minor sources
1d3	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			1,383	NA	NA	NA	Yes	1,386	MD EQ Database	PX = 965; PS = 421	Appears acceptable	

1e	Historical Non-Compliance Counts (1 FY)	Data Quality	State			11	NA	NA	NA	Yes	0	MDEQ Database	4 - Sources Revoked (6 Air Program Violations); Remaining 7 have returned to compliance	Minor issue	MDEQ may not be updating facility compliance/noncompliance status
1e	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			17	NA	NA	NA	Yes	1	MDEQ Database and AF S	4 - Sources Revoked (6 Air Program Violations); Remaining 12 have returned to compliance; 1 - in violation	Minor issue	MDEQ may not be updating facility compliance/noncompliance status
1f1	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			80	NA	NA	NA	Yes	75	MDEQ Database	5 - duplicates	Appears acceptable	
1f2	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			72	NA	NA	NA	No		MDEQ Database		Appears acceptable	
1g1	HPV: Number of New Pathways (1 FY)	Data Quality	State			7	NA	NA	NA	Yes	5	MDEQ Database	Holcim - New in 2001; Gilman (777-2545) - new in 2008	Appears acceptable	
1g2	HPV: Number of New Sources (1 FY)	Data Quality	State			6	NA	NA	NA	Yes	4	MDEQ Database	Holcim - New in 2001; Gilman (777-2545) - new in 2008	Minor issue	4 new HPVs in FY2009 - unclear why the Holcim HPV from 2001 shows up.
1h1	HPV Day Zero Pathway Discovery date: Percent DZs with	Data Quality	State	100%	49.30%	57.10%	4	7	3	Yes	Univers e = 4	MDEQ Database	Holcim HPV was from 2001 and has been	Minor issue	Discovery date is in the MDEQ CEDARS

	discovery											se	resolved; universe seems incorrect		database - it is unclear why this was not uploaded to AFS
1h 2	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	74.10%	14.30%	1	7	6	Yes	Universe = 4	MD EQ Database	Holcim HPV was from 2001 and has been resolved; universe seems incorrect	Minor issue	Violating pollutants were not in the MDEQ CEDARS database
1h 3	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	78.10%	0.0%	0	7	7	Yes	Universe = 4	MD EQ Database	Holcim HPV was from 2001 and has been resolved; universe seems incorrect	Minor issue	Violation type codes were not in the MDEQ CEDARS database
1i1	Formal Action: Number Issued (1 FY)	Data Quality	State			12	NA	NA	NA	Yes	14	MD EQ Database	Missing Slope and Tricon	Appears acceptable	
1i2	Formal Action: Number of Sources (1 FY)	Data Quality	State			12	NA	NA	NA	Yes	14	MD EQ Database	Missing Slope and Tricon	Appears acceptable	
1j	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$19,400	NA	NA	NA	Yes	\$662,788.08	MD EQ Database	14 Total Actions = \$662,788.08	Minor issue	Penalty information is entered into MDEQ database and batch uploads are conducted at least monthly - unclear why penalty information is not showing

																up in AFS.
1k	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	NA	NA	NA	Yes	0	MDEQ Database	Permit Revoked	Appears acceptable		
2. Data accuracy. degree to which the minimum data requirements are accurate.																
2a	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	58.80%	300.00%	3	1	NA	Yes	4	MDEQ Database	MDU - was resolved in 2007; Northern Border is a Tribal Source.	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status correctly.	
2a	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	59.00%	150.00%	3	2	0	Yes	?	MDEQ Database	Can't reconcile the sources in the "universe" and "counted" columns. Search criteria doesn't make sense.	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status correctly.	
2b	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.60%	0.40%	1	253	252	Yes	Count Prod = 0	MDEQ Database	FF code is entered for Williston Basin - Hathaway (Action #60)	Appears acceptable		
2b	Stack Test Results at	Data Quality	State			0	NA	NA	NA	No	?	MDEQ	Stack tests failures	Appears	The data pull did not	

	Federally-Reportable Sources - Number of Failures (1 FY)											Database	reported in MDEQ database.	acceptable	include stack test failures reported in the MDEQ database
3. Timeliness of data entry. degree to which the minimum data requirements are complete.															
3a	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.40%	14.30%	1	7	6	Yes	?	MDEQ Database	Holcim from 2001 is being counted and the total universe seems incorrect - can't reconcile	Minor issue	Batch uploads occur at least monthly from MDEQ CEDARS database to AFS. The batch uploads could cause the discrepancy.
3b 1	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	53.30%	52.80%	245	464	219	Yes	?	MDEQ Database	The total universe seems incorrect - can't reconcile	Minor issue	Batch uploads occur at least monthly from MDEQ CEDARS database to AFS. The batch uploads could cause the discrepancy.
3b 2	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.90%	37.50%	21	56	35	Yes	?	MDEQ Database	The total universe seems incorrect - can't reconcile	Minor issue	Batch uploads occur at least monthly from MDEQ CEDARS database to AFS. The batch uploads could cause the

													but not been built - Mill Creek; 2 permits have been revoked - Highwood & Asarco	
5a 2	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	Combined	100%	83.20%	93.2%	68	73	5	Yes	Univers e = 67	MD EQ Dat aba se and AF S	3 facilities are megasites - Smurfit-Stone, ConocoPhillips, and CHS - FCE every 3 years; 1 facility has final permit, but has not been built - Mill Creek; 2 permits have been revoked - Highwood & Asarco	Appears acceptable
5b 1	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	82.90%	81.2%	82	101	19	Yes	Count Prod = 99	MD EQ Dat aba se	16 - had FCEs completed since 2005; 1 - is Revoked (777-2775)	Appears acceptable
5b 1	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	83.30%	81.2%	82	101	19	Yes	Count Prod = 99	MD EQ Dat aba se and AF S	16 - had FCEs completed since 2005; 1 - is Revoked (777-2775)	Appears acceptable
5b	CAA Synthetic	Informati	Stat	100%	90.20%	91.6%	9	10	9	Yes	Count	MD	6 - had	Appears acceptable

2	Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	onal Only	e				8	7			Prod = 105	EQ Database	FCEs conducted since 2006; 1 - revoked (777-2775)		
5b 2	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		90.50%	91.6%	98	107	9	Yes	Count Prod = 105	MD EQ Database and AF S	6 - had FCEs conducted since 2006; 1 - revoked (777-2775)	Appears acceptable	
5c	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		81.00%	96.8%	153	158	5	Yes	Count Prod = 157	MD EQ Database	4 - had FCE/PCE done in 2009	Appears acceptable	
5c	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		81.30%	96.8%	153	158	5	Yes	Count Prod = 157	MD EQ Database and AF S	4 - had FCE/PCE done in 2009	Appears acceptable	
5d	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.80%	65.40%	1,030	1,575	545	Yes	?	MD EQ Database	Numerous sources on list have revoked permits and FCE/PCEs conducted.	Minor issue	Numerous sources on list have revoked permits and FCE/PCEs conducted. Pull appears incomplete.
5e	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			4	NA	NA	NA	Yes	2	MD EQ Database	Malmstrom has been returned to compliance; 777-2566 was returned to compliance 2/21/08	Appears acceptable	

5e	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined			4	NA	NA	NA	Yes	2	MD EQ Database and AFS	Malmstrom has been returned to compliance; 777-2566 was returned to compliance 2/21/08	Appears acceptable	Data appears to not carry over from MDEQ CEDARS database to AFS.
5f	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			2	NA	NA	NA	No				Appears acceptable	
5g	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	93.7%	98.5%	64	65	1	Yes	65	MD EQ Database	Sun Mountain had a CB entered in 2009 (Action #64)	Appears acceptable	
7. Identification of alleged violations, degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.															
7c 1	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.00%	3.4%	4	116	112	Yes	75	MD EQ Database	MT universe = 215 and there was 75 facilities in noncompliance in the past FY (equals 34.9%)	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status correctly.
7c 2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	46.60%	0.00%	0	1	1	Yes	5	MD EQ Database	5 facilities had failed stack tests in the past FY and should have noncompliance status	Minor issue	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance

															ce status correctly.	
7c 2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EP A	> 1/2 National Avg	33.3%	0 / 0	0	0	0	No					Appears acceptable	MDEQ may not be entering compliance status correctly in CEDARS, or the interface is not recording the noncompliance status correctly.
8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.																
8a	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.70%	4.30%	3	69	66	Yes	3	MD EQ Database	Universe = 66; Holcim is from 2001; Montana Metric = 4.5%	Appears acceptable		
8a	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EP A		0.8%	0.0%	0	69	69	Yes	3	MD EQ Database & AFS	Universe = 66; Holcim is from 2001; Montana Metric = 4.3%	Appears acceptable		
8b	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.6%	2.00%	3	151	148	Yes	2	MD EQ Database	Gilman (777-2545) was issued in FY08	Appears acceptable		
8b	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EP A	> 1/2 National Avg	0.0%	0.0%	0	151	151	Yes	2	MD EQ Database	Gilman (777-2545) was issued in FY08	Appears acceptable	Unclear why the MDEQ sources identified in the above	

																penalties.
12b	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.10%	0.0%	0	3	3	Yes	8	MD EQ Database	8 HPV penalties collected in FY09. Universe was 8. MT Metrice = 100%	Appears acceptable		

OTIS State Review Framework Results, CWA Data for Montana (Review Period Ending: FY09)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Montana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	State Discrepancy Explanation	Evaluation	Initial Findings
1. Data completeness. degree to which the minimum data requirements are complete.															
1a1	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			37	NA	NA	NA	Yes	41	OTIS = ICI S	The SRF OTIS report did not take into account permits where the Major/Minor status changed during FY2009. Four facilities changed from Major to Minor or	Appears Acceptable	

													Minor to Major during FY09.		
1 a 2	Active facility universe: NPDES major general permits (Current)	Data Quality	Com bined			0	N A	NA	NA	No	N/A	N/ A	N/A	N/A	N/A
1 a 3	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Com bined			161	N A	NA	NA	Yes	162	ICI S	The corrected state count includes permits currently expired or terminated but which were active during FY 2009. IN addition, the SRF OTIS report included state-only permits (MTX, which are ground water discharge), and state general permit authorizations (MTG13, MTG31, MTG37), which are	Appears Acceptable	

													not Non-Major Individual permits.	
1 a 4	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Com bined			1,493	N A	NA	NA	Yes	1,493	ICI S	Permit type is inaccurate for 5 permits in ICIS, however MDEQ can not change the permit type. The permit-type code in ICIS is incorrect for some permits, however MDEQ can not change the permit-type code without deleting the entire permit and all associated data (including historical data) such as related DMRs, inspections and enforcement actions and	Appears Acceptable

													then manually re-entering all the information.	
1 b 1	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	99.9%	100.0%	38	38	0	Yes	41	ICIS	The SRF OTIS report did not take into account permits where the Major/Minor status changed during FY2009. Four facilities changed from Major to Minor or Minor to Major during FY09. MDEQ is unclear on the definition of "correctly coded". MDEQ requests that this information be provided so they know what fields in ICIS	Appears Acceptable

													must be filled with date for a permit to be considered correctly coded in order to perform quality control.		
1 b 2	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Com bined	>=; 95%	92.60 %	97.5 0%	11 7	120	3	Yes	SRF report shows 257 COUN T out of 258 Univers e - 1 facility Not Counte d, all should be counte d 258. % should be 100%	ICI S	Libby DMR's have been submitted; All DMRs were received and entered- Save and submit feature corrected-	Appears Acceptable	
1 b 3	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permi	Goal	Com bined	>=; 95%	92.70 %	97.4 0%	37	38	1	Yes	41 - All Facilitie s submitt ed DMRs.	ICI S	The SRF OTIS report did not take into account permits where the Major/Minor status	Appears Acceptable	Missing DMRs have been entered.

	ts) (1 Qtr)												changed during FY2009. Four facilities changed from Major to Minor or Minor to Major during FY09.		
1 b 4	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Com bined			0.0%	0	7	7	Yes	Correct ed number could not be determi ned.	ICI S	MDEQ is unable to determine the key to the coding contained on the report in order to determine a corrected number.	Appears Acceptable	
1 c 1	Non-major individual permits: correctly coded limits (Current)	Inform ational Only	Com bined			100.0%	154	154	0	No	N/A	N/A	N/A	Appears Acceptable	
1 c 2	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Inform ational Only	Com bined			86.80%	408	470	62	Yes	This informa tion is based on a 3/1/2010 OTIS report. This is combin ed data.	OT IS	MDEQ believes that the majority of the missing DMRs are from EPA permitted sites	Appears Acceptable	EPA agrees that the majority of missing DMRs are for EPA-permitted facilities.

											The State Only count are 21 forms due; 18 forms rec'd; Total forms due are 3;				
1c3	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			90.10%	145	161	16	Yes	Similar to the data change in 1c2; of the 16 sites, 3 are GPs of the 13 remaining 6 facilities have State issued permits.	OTIS	MDEQ believes that the majority of the missing DMRs are from EPA permitted sites	Appears Acceptable	EPA agrees that the majority of missing DMRs are for EPA-permitted facilities.
1d1	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			88.80%	143	161	18	Yes	Correct number could not be determined. MDEQ also	OTIS - ICIS	MDEQ states that substantial errors exist between ICIS and OTIS, due	Appears Acceptable	Majority of violations identified are for DMR nonreceipt at non-major facilities.

											states that the universe count is incorrect, it should be 162.		to the extent of the errors it is not possible to determine the correct information. The codes used are OTIS specific and do not reflect the information contained in ICIS. In addition the facility remains in noncompliance as a result of violations that do not resolve. This must be address in ICIS prior to OTIS and public release.		This information is not yet required to be entered into ICIS.
1 d 2	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0	N/A	N/A	N/A	N/A	Appears Acceptable	

1 d 3	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			113	N A	NA	NA	Yes	MDEQ states that nonNPDES permits are included and they are unable to assess accuracy of data		Appears Acceptable	Many of the facilities listed do not require DMRs (e.g. CAFOs). DMR entry for non-majors is not yet required to be entered into ICIS.
1 e 1	Informal actions: number of major facilities (1 FY)	Data Quality	State			26	N A	NA	NA	Yes	21	ICI S	The universe is incorrect over the course of FY2009	Appears Acceptable
1 e 1	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1 e 2	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			55	N A	NA	NA	Yes	51	ICI S	51 violation letters sent for violations occurring for FY2009	Appears Acceptable
1 e 2	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1 e 3	Informal actions: number of non-major facilities	Data Quality	State			338	N A	NA	NA	Yes	342	ICI S	MDEQ created an ICIS report to pull out	Appears Acceptable

	(1 FY)												the informal enforcement numbers, which shows 342.	
1e3	Informal actions: number of mom-major facilities (1 FY)	Data Quality	EPA			0	N/A	NA	NA	N/A	N/A	N/A	N/A	Appears Acceptable
1e4	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			715	N/A	NA	NA	Yes	724	ICIS	MDEQ created an ICIS report to pull out the informal enforcement numbers, which shows 724.	Appears Acceptable
1e4	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	N/A	NA	NA	N/A	N/A	N/A	N/A	Appears Acceptable
1f1	Formal actions: number of major facilities (1 FY)	Data Quality	State			2	N/A	NA	NA	N/A	N/A	N/A	N/A	Appears Acceptable
1f1	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			1	N/A	NA	NA	N/A	N/A	N/A	N/A	Appears Acceptable
1f2	Formal actions: number of actions at major facilities	Data Quality	State			2	N/A	NA	NA	N/A	N/A	N/A	N/A	Appears Acceptable

	(1 FY)													
1f 2	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			1	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1f 3	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			9	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1f 3	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1f 4	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			9	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1f 4	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1 g 1	Penalties: total number of penalties (1 FY)	Data Quality	State			4	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1 g 1	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable
1 g 2	Penalties: total penalties (1 FY)	Data Quality	State			\$98, 959	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable

1 g 2	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable	
1 g 3	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable	
1 g 3	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable	
1 g 4	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$189,682	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable	
1 g 4	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable	
1 g 5	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$98,959	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable	
1 g 5	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	N A	NA	NA	N/A	N/A	N/ A	N/A	Appears Acceptable	
2. Data accuracy. degree to which the minimum data requirements are accurate.															
2 a	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		100.00%	2	2	0	No	N/A	N/ A	N/A	Appears Acceptable	
2	Actions linked	Data	EPA	>=;		0.0%	0	1	1	N/A	N/A	N/ A	N/A	Potential	EPA has not

a	to violations: major facilities (1 FY)	Quality		80%								A		Concern	properly linked its enforcement action to the violations.
3. Timeliness of data entry. degree to which the minimum data requirements are complete.															
3a	Comparison of Frozen Data Set	Compare the production data results under Element 1 to the frozen data. Please see Plain Language Guide for details.													
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.															
5a	Inspection coverage: NPDES majors (1 FY)	Goal	State	100 %	63.70 %	45.90 %	17	37	20	Yes	MDEQ determined the correct number of permits to be 22 of 40 with 18 not being counted. The % would then be 55%	DEQ internal compliance spreadsheet analyzed ICIS	The difference appears to be the four permits which changed Major to Minor or Minor to Major permit-type code during the evaluation period. Also, OTIS does not account for repeated comprehensive inspections at the same facility. Based on 2007 Inspection Guidance only 50% of majors are	Appears Acceptable	Based on the Compliance Monitoring Strategy, expected inspection coverage for Majors is 50%.

													required. MDEQ believes the national goal criteria should reflect current guidance.		
5 a	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100 %	5.8%	8.10 %	3	37	34	N/A	N/A	N/A		Appears Acceptable	
5 a	Inspection coverage: NPDES majors (1 FY)	Goal	Com bined	100 %	66.40 %	51.4 0%	19	37	18	Yes	MDEQ determi ned the correct ed number s to be 21 of 41 with 20 not being counte d. The % would then be 51.22%	OT IS	OTIS does not reflect a permit status change of a facility during the time period. 4 facilities change Major/Minor status during FY09-Data accurate as of 10/1/2009	Appears Acceptable	Based on the Compliance Monitoring Strategy, expected inspection coverage for Majors is 50%.
5 b 1	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			17.7 0%	28	158	130	Yes	24 inspecti ons	ICI S - OT IS	The Universe Prod and Not Counted Universe do not correlate; MT has 134-nonMajor individual	Minor Issue	

5 b 1	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			3.80 %	6	158	152	Yes	MDEQ determined the corrected numbers to be 6 of 28 with 22 not being counted. The % would then be 21.42%	ICIS - OTIS	Appears Acceptable	
5 b 1	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			21.50 %	34	158	124	Yes	MDEQ determined the corrected numbers to be 30 of 162 with 32 not being counted. The % would then be 18.52%	ICIS - OTIS	MDEQ did not provide an explanation on the corrected number that was provided.	Minor Issue
5 b 2	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			2.20 %	3	136	133	Yes	4	ICIS with Sta	MDEQs count includes a permit (MTG77000)	Appears Acceptable

												te spr ea dsh eet	6) which was listed as expired in ICIS when it should have been listed as administrativ ely extended in ICIS.	
5 b 2	Inspection coverage: NPDES non- major general permits (1 FY)	Goal	EPA			0.0%	0	136	136	No evalu ation provi ded by MDE Q	N/A	N/ A	N/A	Appears Acceptable
5 b 2	Inspection coverage: NPDES non- major general permits (1 FY)	Goal	Com bined			2.20 %	3	136	133	No evalu ation provi ded by MDE Q	N/A	N/ A	N/A	Appears Acceptable
5 c	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Inform ational Only	State			6.90 %	94	1,3 60	1,2 66	Yes	136- Inspect ions conduc ted 1472 - State permits 9.23% instead of 6.9% 1336	ICI S wit h Sta te spr ea dsh eet	This corrected state count includes permits currently expired or terminated but which were active during FY 2009. See	Appears Acceptable

											permits not counted.		1a4	
5c	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.1%	2	1,360	1,358	No evaluation provided by MDEQ	N/A	N/A	N/A	Appears Acceptable
5c	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			7.10%	96	1,360	1,264	Yes	138 - combined inspections conducted 1490 - combined permits 9.26% 1352 not counted	ICIS with State spreadsheet	This corrected state count includes permits currently expired or terminated but which were active during FY 2009. See 1a4	Appears Acceptable
7. Identification of alleged violations. degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.														
7a1	Single-event violations at majors (1 FY)	Review Indicator	Combined			10	NA	NA	NA	N/A				Appears Acceptable
7a2	Single-event violations at non-majors (1 FY)	Informational Only	Combined			80	NA	NA	NA	N/A				Appears Acceptable
7b	Facilities with unresolved compliance	Data Quality	Combined		31.00%	28.60%	4	14	10	No evaluation	N/A	N/A	N/A	Appears Acceptable

	schedule violations (at end of FY)									provided by MDE Q				
7c	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		27.40 %	13.40 %	35	261	226	No evaluation provided by MDE Q	N/A	N/A	N/A	Appears Acceptable
7d	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		53.20 %	43.20 %	16	37	21	No evaluation provided by MDE Q	N/A	N/A	N/A	Appears Acceptable
8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.														
8a1	Major facilities in SNC (1 FY)	Review Indicator	Combined			7	NA	NA	NA					
8a2	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.60 %	18.90 %	7	37	30	No evaluation provided by MDE Q	N/A	N/A	N/A	Appears Acceptable
8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.														

10a	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.60 %	13.50%	5	37	32		MDEQ was unable to evaluate this metric.	MDEQ wants to know how EPA evaluates "timely enforcement" in ICIS and what type of violations are being considered in ICIS. Montana has their own Enforcement Response Manual with enforcement timeline guidance. If the MDEQ timeliness does not correspond to the EPA timeliness there will always be a discrepancy showing here, so knowing what violation codes are considered for this metric and	Potential Concern	One of the five systems showing without timely action is an EPA-permitted facility, bringing the State percentage to 11%, which is still above the national goal of < 2%. Expectations on enforcement for major facilities in SNC are clearly defined and should be followed.
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													in the RCRARep report generated for the same period.	
1a 4	Number of all other active sites in RCRAInfo	Data Quality	State			1,400	NA	NA	NA	Yes	1397	RCRARep	The total shown in this spreadsheet does not match the value shown in the RCRARep report generated for the same period.	appears acceptable
1a 5	Number of LQGs per latest official biennial report	Data Quality	State			41	NA	NA	NA	No				appears acceptable
1b 1	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			93	NA	NA	NA	No				appears acceptable
1b 1	Compliance monitoring: number of inspections (1 FY)	Data Quality	EP A			7	NA	NA	NA	Yes	4	RCRARep	The total shown in this spreadsheet does not match the value shown in the RCRARep report generated for the same period.	appears acceptable
1b 2	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			87	NA	NA	NA	No				appears acceptable
1b 2	Compliance monitoring: sites inspected (1 FY)	Data Quality	EP A			6	NA	NA	NA	Yes	3	RCRARep	The total shown in this spreadsheet does not match the	appears acceptable

													value shown in the RCRARep report generated for the same period.	
1c 1	Number of sites with violations determined at any time (1 FY)	Data Quality	State			17	NA	NA	NA	Yes	16	RCRAInfo	The total shown in this spreadsheet does not match the value shown in the RCRAInfo report generated for the same period.	appears acceptable
1c 1	Number of sites with violations determined at any time (1 FY)	Data Quality	EP A			5	NA	NA	NA	No				appears acceptable
1c 2	Number of sites with violations determined during the FY	Data Quality	State			11	NA	NA	NA	Yes	12	RCRARep	The total shown in this spreadsheet does not match the value shown in the RCRARep report generated for the same period.	appears acceptable
1c 2	Number of sites with violations determined during the FY	Data Quality	EP A			0	NA	NA	NA	No				appears acceptable
1d 1	Informal actions: number of sites (1 FY)	Data Quality	State			16	NA	NA	NA	No				appears acceptable
1d 1	Informal actions: number of sites (1 FY)	Data Quality	EP A			0	NA	NA	NA	No				appears acceptable
1d	Informal actions:	Data	Stat			50	N	NA	NA	No				appears acceptable

2	number of actions (1 FY)	Quality	e				A							
1d 2	Informal actions: number of actions (1 FY)	Data Quality	EP A			0	N A	NA	NA	No				appears acceptable
1e 1	SNC: number of sites with new SNC (1 FY)	Data Quality	Stat e			0	N A	NA	NA	No			A state can't artificially identify violations or make a violation which doesn't exceed the significanc e threshold into a SNC. Montana is sparsely populated and not heavily industriali zed, which provides few opportuniti es for egregious mismanag ement or noncompli	appears acceptable

														ance.	
1e 1	SNC: number of sites with new SNC (1 FY)	Data Quality	EP A			0	N A	NA	NA	No					appears acceptable
1e 2	SNC: Number of sites in SNC (1 FY)	Data Quality	State			3	N A	NA	NA	No				A state can't artificially identify violations or make a violation which doesn't exceed the significance threshold into a SNC. Montana is sparsely populated and not heavily industrialized, which provides few	appears acceptable

													opportunities for egregious mismanagement or noncompliance.	
1e2	SNC: Number of sites in SNC (1 FY)	Data Quality	EP A			0	N A	NA	NA	No				appears acceptable
1f1	Formal action: number of sites (1 FY)	Data Quality	State			4	N A	NA	NA	No				appears acceptable
1f1	Formal action: number of sites (1 FY)	Data Quality	EP A			0	N A	NA	NA	No				appears acceptable
1f2	Formal action: number taken (1 FY)	Data Quality	State			4	N A	NA	NA	No				appears acceptable
1f2	Formal action: number taken (1 FY)	Data Quality	EP A			0	N A	NA	NA	No				appears acceptable
1g	Total amount of final penalties (1 FY)	Data Quality	State			\$9,000	N A	NA	NA	No				appears acceptable
1g	Total amount of final penalties (1 FY)	Data Quality	EP A			\$0	N A	NA	NA	No				appears acceptable
2. Data accuracy. degree to which the minimum data requirements are accurate.														
2a1	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	N A	NA	NA	No				appears acceptable
2a2	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	N A	NA	NA	No				appears acceptable
2b	Number of sites in violation for greater than 240 days	Data Quality	State			1	N A	NA	NA	No			minor issue	MDEQ needs to evaluate data and enter RTC, if appropriate.
2b	Number of sites in violation for greater than 240 days	Data Quality	EP A			0	N A	NA	NA	No				appears acceptable

3. Timeliness of data entry. degree to which the minimum data requirements are complete.															
3a	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			100.0 %	1	1	0	Yes	0	RCR AInfo	SNC in question occurred in FY07.	appears acceptable	OTIS data discrepancy
3a	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EP A			0 / 0	0	0	0	No				appears acceptable	
3b	Comparison of Frozen Data Set	Compare the production data results under Element 1 to the frozen data. Please see Plain Language Guide for details.													
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.															
5a	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	85.70%	75.0%	3	4	1	No				minor issue	MDEQ needs to ensure annual inspection of TSDFs during Federal Fiscal year.
5a	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	90.80%	75.0%	3	4	1	No				minor issue	MDEQ needs to ensure annual inspection of TSDFs during Federal Fiscal year.
5b	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.40%	39.0%	16	41	25	No				appears acceptable	
5b	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	26.50%	39.0%	16	41	25	No				appears acceptable	
5c	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	68.40%	80.5%	33	41	8	No				minor issue	Although 100% LQG coverage is not attained, annual reports of

															both SQGs and LQGs are received and reviewed.
5c	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	73.80%	80.5%	33	41	8	No				minor issue	Although 100% LQG coverage is not attained, annual reports of both SQGs and LQGs are received and reviewed.
5d	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			56.80%	42	74	32	Yes	43/84/41	RCR AInfo	The total shown in this spreadsheet does not match the value shown in the RCRAInfo report generated for the same period.	appears acceptable	
5d	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			58.10%	43	75	32	Yes	44/86/42	RCR AInfo	The total shown in this spreadsheet does not match the value shown in the RCRAInfo report generated for the same period.	appears acceptable	
5e 1	Inspections at active CESQGs (5 FYs)	Informational Only	State			283	NA	NA	NA	Yes	281	RCR AInfo	The total shown in this spreadsheet does not	appears acceptable	

													match the value shown in the RCRAInfo report generated for the same period.	
5e 1	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			290	NA	NA	NA	Yes	281	RCRAInfo	The total shown in this spreadsheet does not match the value shown in the RCRAInfo report generated for the same period.	appears acceptable
5e 2	Inspections at active transporters (5 FYs)	Informational Only	State			24	NA	NA	NA	No				appears acceptable
5e 2	Inspections at active transporters (5 FYs)	Informational Only	Combined			26	NA	NA	NA	No				appears acceptable
5e 3	Inspections at non-notifiers (5 FYs)	Informational Only	State			11	NA	NA	NA	Yes	167	RCRAInfo	The total shown in this spreadsheet does not match the value shown in the RCRAInfo report generated for the same period.	appears acceptable
5e 3	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			12	NA	NA	NA	Yes	170	RCRAInfo	The total shown in this spreadsheet does not match the value shown	appears acceptable

	received a prior SNC listing (1 FY)	or		I Avg											
10. Timely and appropriate action. degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.															
10 a	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	35.80%	0 / 0	0	0	0	No			A state can't artificially identify violations or make a violation which doesn't exceed the significance threshold into a SNC. Montana is sparsely populated and not heavily industrialized, which provides few opportunities for egregious mismanagement or noncompliance.	appears acceptable	

10 a	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	32.80%	0 / 0	0	0	0	No				appears acceptable
10 b	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			4	NA	NA	NA	No			A state can't artificially identify violations or make a violation which doesn't exceed the significance threshold into a SNC. Montana is sparsely populated and not heavily industrialized, which provides few opportunities for egregious mismanagement or noncompliance.	appears acceptable

12. Final penalty assessment and collection. degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was

collected.														
12 a	No activity indicator - penalties (1 FY)	Review Indicator	State			\$9,000	NA	NA	NA	No				appears acceptable
12 b	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	63.90%	50.00%	2	4	0	No				appears acceptable
12 b	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	64.30%	50.00%	2	4	0	No				appears acceptable

APPENDIX F: FILE SELECTION

Files to be reviewed are selected according to a standard protocol (available to EPA and state users here: http://www.epa-otis.gov/srf/docs/fileselectionprotocol_10.pdf) and using a web-based file selection tool (available to EPA and state users here: http://www.epa-otis.gov/cgi-bin/test/srf/srf_fileselection.cgi). The protocol and tool are designed to provide consistency and transparency in the process. Based on the description of the file selection process in section A, states should be able to recreate the results in the table in section B.

CAA File Selection Process

According to the file selection tool, the universe was 773. Based on this and the file selection protocol, 15 files were selected for review. These include a representative number of major, synthetic minor, and other facilities both with and without violations. No supplemental files were needed.

CWA File Selection Process

According to the file selection tool with manual additional of enforcement actions at minor facilities that were not reflected in the database, activities occurred during FY09 at 253 facilities. Based on this and the file selection protocol, 22 files were selected for review. These include a representative number of major, minor, and general permitted facilities both with and without violations. No supplemental files were needed.

RCRA File Selection Process

According to the file selection tool, activities occurred during FY09 at 93 facilities. Based on this and the file selection protocol, 15 files were selected for review. These include a representative number of TSD, large quantity generator, small quantity generator, and conditionally exempt small quantity generator facilities both with and without violations. No supplemental files were needed.

B. File Selection Table

CAA Files Selected

Facility Name	Program ID	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe
COLUMBIA FALLS ALUMINUM	3002900012	0	8	0	0	0	0	1	0	0	MAJR
ENCORE - ELK BASIN TEN SLEEP BATTERY # 2	3000900006	1	3	0	0	0	0	0	0	0	SM80
FIBERGLASS STRUCTURES	3011100034	1	3	0	0	0	0	0	0	0	MAJR
GILMAN EXCAVATING - 777-2545	3077702545	0	1	0	0	0	1	0	0	0	SM80
GLENDIVE	3002100003	1	2	0	0	0	0	0	0	0	SM80
GYPSY HIGHVIEW GATHERING SYSTEMS	3009900001	0	0	3	0	0	0	0	0	0	SM80
JMTA, INC	3077703329	0	0	0	0	0	0	1	0	0	FRMI
KNERR - 777-2985	3077702985	0	0	0	1	0	0	2	1	4,600	FRMI
MONTANA SILVERSMITHS INC	3009500005	1	3	0	0	1	1	1	0	0	MAJR
MSU - CENTRAL HEATING PLANT	3003100010	1	8	0	0	0	0	1	1	0	SM
PPL MONTANA - JE CORETTE PLANT	3011100015	0	11	0	0	1	0	1	0	0	MAJR
ROSEBURG FOREST PRODUCTS	3006300002	1	7	0	0	0	0	0	0	0	MAJR
SMITH CONTRACTING - 3369	3077703369	0	0	0	0	0	0	1	1	0	FRMI
WBI BAKER AND SANDSTONE CREEK COMPRESSOR	3002500013	1	2	0	0	0	0	1	0	0	SM80
WILLISTON BASIN - CABIN CREEK	3002500003	1	3	0	0	0	0	1	0	0	MAJR

CWA Files Selected

Facility Name	Facility ID
Jim Gilman Excavation	MTR102925 & MTR011008
David Robertus Feedlot	MT0030686
Fidelity Exploration Production Company	MT0030724
City of Livingston WWTP	MT0020435
44 Ranch Subdivision	MTR10281
Miles City WWTP	MT0020001
Decker Coal Company - West Mine	MT0000892

Sweet Grass Community County W&S District	MT0031437
Town of Fromberg	MTG580033
City of Harlem	MT0021270
City of Glasgow	MT0021211
Decker East Mine	MT0024210
Town of Sheridan	MT0022098
Montana Resources, LLP	MT0000191
Butte Silverbow WWTP	MT0022012
City of Red Lodge	MT0020478
City of Columbia Falls	MT0020036
City of Shelby	MT0031488
Town of Philipsburg	MT0031500
Lincoln County Port - Kootenai Business Park	MT0000221
Gardiner - Park County	MT0022705
City of Deer Lodge	MT0022616

RCRA Files Selected

- 1) Blue Creek Auto & Truck
MTR000205864
- 2) Broadwater Pasture
MTR000205773
- 3) Columbia Falls Aluminum Co., LLC
MTD057561763
- 4) Fergus County Road & Bridge Dept.

- MTR000204412
- 5) Filipowicz Brothers Recycling
MTR000206029
- 6) High Plains Sanitary Landfill
MTR000007344
- 7) Montana Refining Company
MTD000475194
- 8) Mountain West LLC Superior
MTR000205427
- 9) Planned & Engineered Construction, Inc.
MTR000008193
- 10) PP&L Montana LLC Colstrip 3 & 4
MTD980330609
- 11) Staudingers, Inc. DBA
MTR000204818
- 12) Suttons Sportswear, LLC
MTD986072692
- 13) TECE Trucking, Inc.
MTR000205732
- 14) Montana Dept. of Corrections
MTD035702174
- 15) Transco Railway Products, Inc.
MTD980667166

Facilities 4 and 11 were reviewed for penalties, not inspection reports.

APPENDIX G: FILE REVIEW ANALYSIS

This section presents the initial observations of the Region regarding program performance against file metrics. Initial Findings are developed by the region at the conclusion of the File Review process. The Initial Finding is a statement of fact about the observed performance, and should indicate whether the performance indicates a practice to be highlighted or a potential issue, along with some explanation about the nature of good practice or the potential issue. The File Review Metrics Analysis Form in the report only includes metrics where potential concerns are identified, or potential areas of exemplary performance.

Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the PDA results where appropriate, and dialogue with the state have occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section IV of this report.

The quantitative metrics developed from the file reviews are initial indicators of performance based on available information and are used by the reviewers to identify areas for further investigation. Because of the limited sample size, statistical comparisons among programs or across states cannot be made.

Clean Air Act Program

Name of State: Montana

Review Period:

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
1	Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	100%	Appears Acceptable	
	Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	100%	Appears Acceptable	
	Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.	100%	Appears Acceptable	
4	Metric 6a	# of files reviewed with FCEs.	8		
5	Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	Appears Acceptable	
6	Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	100%	Appears Acceptable	

7	Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	Appears Acceptable	
8	Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	0%		
9	Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	Appears Acceptable	
10	Metric 9a	# of formal enforcement responses reviewed.	10		
11	Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	Appears Acceptable	
12	Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	100%	Appears Acceptable	
13	Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	Appears Acceptable	
14	Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	Appears Acceptable	
15	Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Appears Acceptable	

16	Metric 12d	% of files that document collection of penalty.	100%	Appears Acceptable	
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CWA Program

Name of State: Montana		Review Period: FY09	
CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	95%	Potential Concern - 20 of 21 files reviewed had data accurately reflected in ICIS. The formal enforcement action that was issued to Fidelity Exploration Production Company was not in ICIS. The only enforcement actions listed were informal actions. In addition, SEVs for the Decker East Mine were not linked to the inspection that identified the violations.
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	See metric 4a worksheet	Appears Acceptable - all inspection commitments were met or exceeded
Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and identified.	See metric 4b worksheet	Potential Concern - while MDEQ met 5 of its 6 requirements, the lack of real time review of penalty actions led to concerns with final penalty amounts and collection of economic benefit of noncompliance.
Metric 6a	# of inspection reports reviewed.	21	Some inspection reports reviewed were prior to the FY09 time period, and were reviewed to address enforcement actions taken in FY09.
Metric 6b	% of inspection reports reviewed that are complete.	67%	Significant Issue - 14 of 21 reports reviewed were determined to be complete. Data missing from the remaining 7 reports related to references to permit requirements.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	90%	Minor Issue - 19 of 21 reports reviewed provided sufficient document to lead to a compliance determination. The 44 Ranch Subdivision report did not include photos of the BMPs, did not address concrete washout or whether self inspection covered all permit requirements. The City of Deer Lodge report provided a general overview of the facility and said documents were reviewed, but doesn't indicate any findings from the inspection.
Metric 6d	% of inspection reports reviewed that are timely.	90%	Minor Issue - 19 of 21 reports reviewed were determined to be timely. One report was 49 days after the inspection, another (which included an offsite file review) was 120 days after inspection.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	100%	Appears Acceptable
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	67%	Significant Issue - Four of the six reports which identified violations were accurately determined to be SNC or non-SNC. The City of Livingston report did not identify that the disinfection system being out of order as a permit violation. The SSOs for the City of Red Lodge were not identified as SNC.
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	N/A	
Metric 9a	# of enforcement files reviewed	23	

Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	Appears Acceptable - The two actions to address SNC (a LOV for City of Red Lodge and AO for City of Deer Lodge) have returned or will return the systems to compliance.
Metric 9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	95%	Minor Issue - 20 of 21 actions taken to address non-SNC violations have or will return the system to compliance. There was not enough information in the Jim Gilman Excavation file to determine if compliance was achieved.
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner.	50%	Significant Issue - 1 of 2 actions to address SNC violations was considered timely (LOV for City of Red Lodge). The City of Deer Lodge was in SNC for DMR nonreceipt for five quarters prior to enforcement.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	50%	Significant Issue - 1 of 2 actions to address SNC violations was considered appropriate (LOV for City of Red Lodge). The City of Deer Lodge action did not include penalties.
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	86%	Potential Concern - 18 of 21 actions to address non-SNC violations were considered appropriate. Two actions for David Robertus Feedlot did not follow up on the violation of failure to install monitoring wells. The action for Lincoln County Port Kootenai Business Park did not include penalties.
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	52%	Significant Issue - 11 of 21 actions to address non-SNC violations were considered to be timely.
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	80%	Significant Issue - One of the five penalty actions (Sheridan) reviewed did not consider/calculate economic benefit. The economic benefit was considered but was not calculated in two other cases (City of Glasgow and Fidelity Exploration Production Company) because it was determined that the benefit gained was "de minimis" without any further explanation of why this finding was made.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Appears Acceptable - All 5 penalty actions reviewed included documentation between the initial and final penalty.
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	60%	significant Issue - Two of the five penalty action files reviewed did not include evidence that the penalties were collected. The penalty actions to Jim Gilman and Fidelity Exploration were either dismissed or suspended.
Findings Criteria			
Minor Issues/Appears Acceptable -- No EPA recommendation required.			
Potential Concern -- Not a significant issue. Issues that the state may be able to correct without specific recommendation. May require additional analysis.			
Significant Issue -- File review shows a pattern that indicates a significant problem. Will require an EPA Recommendation.			

RCRA Program

Montana

Review Period: Fiscal Year 2009, 10/1/08 -- 9/30/09

RCRA Metric #	RCRA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system.	100%	
Metric 4a	Planned inspections completed	100%	
Metric 4b	Planned commitments completed	100%	
Metric 6a	# of inspection reports reviewed.	13	13 files were reviewed.
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	13 of the 13 inspection reports reviewed adequately documented violation determination.
Metric 6c	Inspection reports completed within a determined time frame.	85%	11 of the 13 reports were completed within 45 day timeframe.
Metric 7a	% of accurate compliance determinations based on inspection reports.	100%	
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	100%	
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC.	100%	There were no SNCs determined during this review period.
Metric 9a	# of enforcement responses reviewed.	75% of the formal actions and 6% of the informal actions	Three informal actions and three formal action were reviewed.

Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	There were no SNCs identified during this review period.
Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	100%	
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner.	100%	
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations.	100%	
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	There were 2 penalties collected during this review period. Both of the state penalties reviewed consider and include both gravity and economic benefit components.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	The state records contain documentation of the rationale for penalty adjustment.
Metric 12b	% of files that document collection of penalty.	100%	The penalties reviewed properly documented collection of a penalty.

APPENDIX H: CORRESPONDENCE